

SECTION 3.4  
PARTICIPATING EXTENDED CARE FACILITIES



# MEDICARE

---

## 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
Office of Research and Statistics



PUBS  
RA  
412  
.3  
M433  
1967 sect.3.4

## Medicare, 1967

Publications in this annual statistical series are:

Section 1—SUMMARY (in preparation)

Section 2—ENROLLMENT (in preparation)

Section 3—PARTICIPATING PROVIDERS (Published November 1971)

3.1: Participating Hospitals

3.2: Participating Home Health Agencies

3.3: Participating Independent Laboratories

3.4: Participating Extended Care Facilities

Section 4—INPATIENT HOSPITAL CARE (in preparation)

4.1: Short-stay Hospital Utilization

4.2: Short-stay Hospitals—Diagnoses and Procedures

4.3: Psychiatric Hospital Utilization

4.4: Long-stay Hospital Utilization

4.5: Extended Care Facility Utilization

Section 5—OUTPATIENT HOSPITAL SERVICES (in preparation)

Section 6—HOME HEALTH SERVICES (in preparation)

Section 7—PHYSICIANS' AND OTHER MEDICAL SERVICES (in preparation)

Persons on the ORS health insurance mailing list will be notified when the various sections are available for purchase through the Superintendent of Documents, U.S. Government Printing Office.

RA  
412.3  
.M433  
1967  
sect. 3.4

## **Medicare: Health Insurance For The Aged, 1967**

### **Section 3.4 : Participating Extended Care Facilities**

Cole Library  
CA-1113  
7500 Rockley Blvd.  
Baltimore, Maryland 21244

Library of Congress Catalog Number HEW 66-36

**Suggested Citation**

U.S. Social Security Administration, Office of Research and Statistics, *Medicare: Health Insurance for the Aged, 1967, Section 3.3: Participating Extended Care Facilities*. Washington, D.C., 1971.

United States

Government Printing Office

Washington: 1971

---

For sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, D.C. 20402 - Price 65 cents  
Stock Number 1770 - 0172

## Foreword

WITH THE enactment of the health insurance program for the aged (Medicare), it became possible to organize a continuing information system to report the use of health care services by older Americans. Since Medicare began, one of the basic tasks has been to process and pay claims for covered medical services submitted by or on behalf of the almost 19.5 million persons entitled to hospital insurance benefits and the 17.8 million persons enrolled for supplementary medical insurance benefits. From this operation come data on the amount, the kind, and the cost of such services used by the aged.

This report is one in a series of publications designed to disseminate such data on a regular basis. It provides detailed statistical information on extended care facilities participating under Medicare. Other reports in the series will present the number and characteristics of participating hospitals, home health agencies, independent laboratories, of the insured population, and the utilization of medical care services. A listing of these reports appears on the inside cover. The reports are intended to give a comprehensive account of the amounts reimbursed under the program, the kinds of services paid for, and the variations in utilization and reimbursement by age, race, and sex of the beneficiary, as well as his place of geographic residence. Such data can provide new insights into the patterns of medical care for persons

aged 65 and over. A fuller understanding of present practice can contribute to improved health services not only for the aged but for the general population of the United States as well.

Many individuals in the Social Security Administration have assisted with the development of this series. The preparation of these reports is a major function of the ORS Division of Health Insurance Studies under the supervision of Howard West, director, and Aaron Krute, deputy director, and involving a majority of its staff. Important contributions for the tabulation and presentation of the statistical content of this report were made by Frank L. Kirby, Charles G. Scott, and Theodosia Rasberry of the Statistical Processing and Procedures Branch of that division. Text preparation was the responsibility of James M. Hatten of the Provider Statistics Branch. Special acknowledgments for publication services are made to the Division of Operating Facilities in the Office of Administration, and to the Division of Health Insurance Statistical Data of the Bureau of Data Processing and Accounts for tabulating services.

IDA C. MERRIAM,  
*Assistant Commissioner for Research and Statistics.*

SEPTEMBER 1971





## Contents

	Page
Foreword .....	iii
The Statistical System of the Medicare Program .....	vi
Extended Care Facilities Participating in the Medicare Program .....	ix
Characteristics of the Extended Care Facilities .....	x
Conditions of Participation .....	xiii
Sources of the Data .....	xv
Provisions of the Law .....	xx
Hospital Insurance Program .....	xx
Supplementary Medical Insurance Program .....	xxi
Eligibility .....	xxi
Financing the Program .....	xxii
Administration of the Program .....	xxii

## General Tables

Notes .....	3.4-1
3.4.1 Number of extended care facilities, beds, and beds per 1,000 enrolled population, by type of facility, region, division, and State .....	3.4-2
3.4.2 Number of extended care facilities, beds, and beds per 1,000 enrolled population, by type of facility, for population size groups of standard metropolitan statistical areas, and for each area of 500,000 population or more .....	3.4-3
3.4.3 Number of extended care facilities by control, type of facility and bed size, region, division, and State .....	3.4-4
3.4.4 Facilities and services by type of facility, bed size, and number of facilities reporting each service .....	3.4-39
3.4.5 Facilities and services by control, bed size, and number of facilities reporting each service .....	3.4-41
3.4.6 Number of extended care facilities and ratios of selected staff by type of facility and bed size .....	3.4-42

# The Statistical System

THIS PUBLICATION is a section of a statistical report series produced from Medicare program records. Presented on a calendar year basis, describing services rendered in the year, the series includes sections on enrollment, characteristics of providers, inpatient care in hospitals and extended care facilities, outpatient hospital services, home health services, physicians' and other medical services, and overall summaries.

The primary objective of these reports is to provide data required to measure and evaluate program operation and effectiveness. Benefit payment operations furnish information about the amount and kind of hospital and medical care services used by persons aged 65 and over, as well as the expenditures for such services. The applications by hospitals, extended care facilities, home health agencies, and independent laboratories to participate in the program provide data on the characteristics of such providers of services. The claim number assigned to each individual serves as the link between the program services utilized and the demographic characteristics of each individual recorded in the health insurance entitlement master file.

The data-collection system has two inherent characteristics that determine the scope, detail, and flexibility of the available data. First, data are collected and maintained on an individual basis so that the beneficiary and his medical experience under the program form the basic unit. Second, records for each bill paid under the program and, for a sample of beneficiaries, records of diagnoses and surgical procedures are maintained on a centralized basis. Except for intermediary operating statistics such as those relating to workloads, costs, and the like, all program statistics are centrally prepared.

## THE BASIC RECORDS

The statistical system is based on five related computer-tape records: the health insurance entitlement master file, provider record, hospital insurance (Part A) utilization record, medical insurance (Part B) payment record, and the record containing information from medical insurance bills for a 5-percent sample of supplementary medical insurance enrollees.

## THE HEALTH INSURANCE ENTITLEMENT MASTER FILE

The health insurance entitlement master file identifies each aged person eligible for health insurance benefits and indicates whether he is entitled to hospital benefits, to supplementary medical insurance benefits, or to both of these benefits.

This record is used to create a health insurance card that is sent to each insured person. The card contains the individual's claim number (the number used for OASDI or railroad retirement programs). It indicates the entitlement of the individual for the two parts of the Medicare program.

The entitlement record provides the population data for each part of the program and therefore serves as the base for the computation of a variety of utilization rates, limited only by its demographic content.

## PROVIDER RECORD

Every hospital, home health agency, extended care facility, and independent laboratory must apply for participation in the hospital insurance program in order to be reimbursed for services provided. Data included on the application forms have been recorded in the central provider record and are updated as facilities are recertified periodically, as new ones apply for participation, or as some leave the program. When the information in this provider file is combined with utilization data, it serves to relate the characteristics of facilities and agencies that provide care to the kinds and amounts of service used by persons insured under Medicare.

## UTILIZATION RECORD FOR HOSPITAL INSURANCE

The administration of the hospital insurance program requires that two items of information be known about each person at the time of his admission to a hospital—his entitlement under the program and the extent to which he has used the benefits available to him under the "benefit period" concept.

When the patient is admitted to a hospital, the admission section of the inpatient hospital admission and billing form is completed by the hospital and forwarded through its intermediary to the Social Security Administration for recording in the central record. As soon as the record is checked, normally in less than 24 hours, the intermediary is informed of the patient's benefit status and of the number of days remaining during the "benefit period."

This information is then forwarded to the hospital. At discharge, the hospital completes the billing section of the form and sends it to the intermediary for payment. When approval for payment has been made, the intermediary forwards the claim to the Social Se-



# of the Medicare Program

curity Administration for inclusion in the central record.

As part of this process, information on diagnoses and surgical procedures are coded for a 20-percent sample of beneficiaries based on specific combinations of digits in the health insurance claim number. Copies of admission and billing forms are handled in a comparable manner by home health agencies and extended care facilities. The outpatient billing form is also transmitted to the Social Security Administration for recording in the central record after the bill is approved for payment by the intermediary.

All the information on utilization experience in hospital and extended care facilities that is needed to administer the "benefit period" provision is recorded in the central record. This information includes stays in certain nonparticipating institutions that meet the definition of a hospital or extended care facility under the law, and days of care not covered or reimbursable under the program.

Each admission and billing form contains both the beneficiary's claim number and the provider's identification number. The resulting tape record can be readily matched to the beneficiary files and the provider files. By this process, a statistical tape record is created for the sample of insured persons that contains all the available information needed for tabulation from the three files related to Part A utilization.

## PAYMENT FOR MEDICAL INSURANCE

Payment or reimbursement under the SMI program is made only after receipt by the carriers (intermediaries involved in Part B of the Medicare program) of bills having allowed charges exceeding \$50 during a calendar year period.

For the insured population, carriers need to know from a central source that the deductible has been met; thereafter, during the remainder of the calendar year, the only additional information required from the Social Security Administration for reimbursement or payment purposes is whether the person is still enrolled under the SMI program.

For administration and operation of the program, the Social Security Administration must have accurate and complete information on the amounts paid by the carriers for physician services and for other services and supplies under this part of the program. To meet these needs, carriers furnish a payment record consisting of tape, punched card, or other machine-readable record of each bill paid. A "bill" is defined as a request for payment from or on behalf of a beneficiary as the result of services provided by a

single physician or supplier.

The payment record also contains selected items of information needed to supply an efficient basis for drawing samples of the bills. These items provide a sampling frame that may be used to draw additional samples designed to obtain specific information not furnished reliably by the basic sample of enrolled persons under the medical insurance program.

## THE MEDICAL INSURANCE SAMPLE

Although the payment record provides a rapid method for summarizing payment data and a sampling frame for efficiently drawing additional samples of bills, it does not provide specific data on diagnoses, procedures, and related charges.

Basic statistics on the utilization of physician and other services covered under the supplementary medical insurance program are derived from bills paid by intermediaries to or on behalf of a continuous 5-percent sample of all enrolled persons. Intermediaries have been given specific combinations of digits of the health insurance claim number to be used in selecting the 5-percent sample, which is a sub-sample of the 20-percent sample used for hospital insurance program data.

Bills are submitted either directly on an SSA request for payment form, or on the SSA form in combination with the physician's billing form. Both methods are designed to provide information on the date and place of each service, the procedure carried out or service provided, the condition treated (diagnosis), and the physician's or supplier's charge for the specific service.

All of the bills of persons in the 5-percent sample to or for whom payment is made under the program, including those used to meet the annual \$50 deductible, are included in the sample and coded. However, data are not available through these procedures for persons in the sample who do not meet the \$50 deductible. Such data are collected by means of the Current Medicare Survey, with data made available in a separate report series.<sup>1</sup>

For hospital-based physicians who have authorized the provider to collect the fee for their services, the provider billing for patient services by physicians form is used. This form is completed for each patient. It includes descriptive information on the date and place of each service, the diagnoses, procedures, and the charges. These bills are received centrally for the 5-percent sample of persons enrolled for supplementary medical insurance.

<sup>1</sup>Jack Scharff, "Current Medicare Survey: The Medical Insurance Sample," *Social Security Bulletin*, April 1967.



## Extended Care Facilities Participating In The Medicare Program

TITLE XVIII of the Social Security Act, introduced as part of the 1965 amendments, provides health insurance protection for the aged effective July 1, 1966. To implement the law, two separate but complementary programs were established. The first of these, the hospital insurance (HI) program, provides protection against the cost of hospital and related post-hospital care. The second, termed supplementary medical insurance (SMI), provides coverage of physicians' services and a number of other health items not included under the HI program.

Extended care services became a benefit of the HI program on January 1, 1967. These services are intended for patients who had been hospitalized for treatment of a medical condition and who, while no longer requiring the full range of hospital services, still need full-time skilled nursing care in an institutional setting. Benefits are payable for persons who (1) have had at least three consecutive days of hospital care; (2) were admitted, on doctor's orders, to an extended care facility within 14 days from the date of hospital discharge; and (3) were admitted to the extended care facility for further treatment of the condition for which they were hospitalized.

An extended care facility is an institution, or a distinct part of an institution, which is primarily engaged in providing skilled nursing care or rehabilitation services and which has in effect a transfer agreement with one or more participating hospitals.<sup>1</sup> Extended care facilities certified to provide services include skilled nursing facilities, and distinct parts or units of hospitals, domiciliary institutions, and rehabilitation centers. A "distinct part of an institution" must be physically separated from the rest of the institution and represent an entire, physically identifiable unit, such as a separate building, floor, wing, or ward.

To participate in the program and be reimbursed

<sup>1</sup> For a statutory definition of an extended care facility, see Title XVIII, Section 1861 (j) of the Social Security Act.

for services provided, an extended care facility must meet statutory requirements detailed in the 1965 amendments to the Social Security Act, and be in substantial compliance with conditions of participation established by the Secretary of Health, Education, and Welfare.<sup>2</sup> To meet the requirements for participation, each extended care facility must enter into an agreement with the Secretary of Health, Education, and Welfare not to charge beneficiaries for covered items and services, except deductibles and coinsurance amounts, and to reimburse patients where such charges may occur in error. Each extended care facility must also agree to provide services on a non-discriminatory basis in accordance with Title VI of the Civil Rights Act of 1964.<sup>3</sup>

Extended care facilities are considered in substantial compliance with the conditions of participation if:

1. The facility meets the specific statutory requirements of Section 1861 (j) of the Act, and is found to be operating in accordance with all other conditions of participation with no significant deficiencies, or
2. The facility meets the specific statutory requirements of Section 1861 (j) but is found to have deficiencies with respect to one or more other conditions of participation which:
  - a. It is making reasonable plans and efforts to correct, and
  - b. Notwithstanding the deficiencies, is rendering adequate care without hazard to the health and safety of individuals being served, taking into account special procedures or precautionary measures which have been or are being instituted.

<sup>2</sup> For a detailed description of the conditions of participation, see the Code of Federal Regulations, Title 20, Chapter III, Part 405, "Conditions of Participation: Extended Care Facilities" (HIR-11), Social Security Administration.

<sup>3</sup> See "Conditions of Participation."



This report presents data on selected characteristics of the extended care facilities that met the conditions for participation in the Medicare program at any time from January 1 to December 31, 1967. Facilities whose participation was terminated prior to December 31, 1967, are included in the report.

During calendar year 1967, 4,653 extended care facilities in the United States and outlying areas had been certified to provide services under Medicare. The approximately 324,000 nursing beds in these institutions were available to the general population, as well as to the Medicare enrollees. The discussion in this report is limited to the distribution of certified facilities as they are related to the Medicare population.

### Characteristics of Extended Care Facilities

*Type of facility.*—Just over four-fifths (81 percent) of all extended care facilities (ECF's) were skilled nursing facilities. These contained 85 percent of all certified beds (table A). Units of hospitals accounted for 14 percent of all certified ECF's, and 10 percent of all certified beds. The remaining 5 percent were units of domiciliary institutions and other facilities, such as rehabilitation centers, and the like, which contained about 5 percent of the certified beds.

TABLE A.—Number and percentage distribution of participating extended care facilities and beds, all areas, 1967

Type of facility	Facilities		Beds	
	Number	Percentage distribution	Number	Percentage distribution
All areas.....	4,653	100.0	324,062	100.0
Skilled nursing facility.....	3,776	81.1	276,287	85.2
Unit of hospital.....	645	13.9	32,362	10.0
Unit of domiciliary institution.....	195	4.2	13,540	4.2
Other.....	37	0.8	1,873	0.6

*Level of certification.*—Extended care facilities can be accepted for complete participation in the program at the following levels of certification:

1. With no significant deficiencies,
2. With correctible deficiencies,
3. Special certification.

Only 28 percent of all extended care facilities were found to have no significant deficiencies, with an additional 67 percent having correctible deficiencies (table B). Of the major types of extended care facilities, units of hospitals were found to have the largest proportion of facilities with no significant deficiencies.

A total of 235 extended care facilities, or 5 percent of all participating extended care facilities, were accorded special certification in 1967<sup>4</sup> (table C). Large variations were evident in the distribution of these facilities among the geographic divisions. More than 12 percent of all certified ECF's in the East South

<sup>4</sup> Special certifications were given ECF's when denial of their participation would seriously limit the access of beneficiaries to needed services because of such factors as isolated location or the absence of sufficient facilities in an area.

TABLE B.—Number and percentage distribution of participating extended care facilities, by type of facility and level of certification, all areas, 1967

Level of certification	All facilities	Skilled nursing facility	Unit of hospital	Unit of domiciliary institution	Other
Number					
All areas.....	4,653	3,776	645	195	37
No significant deficiencies.....	1,293	957	255	58	23
Correctible deficiencies.....	3,125	2,596	384	131	14
Special certification.....	235	223	6	6	—
Percentage distribution					
All areas.....	100.0	100.0	100.0	100.0	100.0
No significant deficiencies.....	27.8	25.3	39.5	29.7	62.2
Correctible deficiencies.....	67.2	68.8	59.6	67.2	37.8
Special certification.....	5.0	5.9	0.9	3.1	—

TABLE C.—Number and percent of participating extended care facilities and beds with special certification, by division and State, 1967

Division and State	All facilities	Special certification	
		Number	Percent of total
All areas.....	4,653	235	5.1
United States.....	4,647	235	5.1
New England.....	399	14	3.5
Maine.....	24	—	—
New Hampshire.....	10	—	—
Vermont.....	11	2	18.2
Massachusetts.....	146	11	7.5
Rhode Island.....	19	1	5.3
Connecticut.....	189	—	—
Middle Atlantic.....	532	54	10.2
New York.....	241	—	—
New Jersey.....	70	—	—
Pennsylvania.....	221	54	24.4
East North Central.....	735	74	10.1
Ohio.....	179	3	1.7
Indiana.....	62	1	1.6
Illinois.....	173	70	40.5
Michigan.....	137	—	—
Wisconsin.....	184	—	—
West North Central.....	430	1	0.2
Minnesota.....	141	—	—
Iowa.....	70	—	—
Missouri.....	72	1	1.4
North Dakota.....	26	—	—
South Dakota.....	16	—	—
Nebraska.....	32	—	—
Kansas.....	73	—	—
South Atlantic.....	473	22	4.7
Delaware.....	9	—	—
Maryland.....	52	—	—
District of Columbia.....	7	—	—
Virginia.....	51	9	17.6
West Virginia.....	26	—	—
North Carolina.....	43	6	14.0
South Carolina.....	52	1	1.9
Georgia.....	154	6	8.1
Florida.....	159	—	—
East South Central.....	223	27	12.1
Kentucky.....	56	11	19.6
Tennessee.....	55	2	3.6
Alabama.....	92	6	6.5
Mississippi.....	20	8	40.0
West South Central.....	480	30	6.3
Arkansas.....	35	—	—
Louisiana.....	123	18	14.6
Oklahoma.....	38	7	18.4
Texas.....	284	5	1.8
Mountain.....	276	13	4.7
Montana.....	34	1	2.9
Idaho.....	40	—	—
Wyoming.....	9	—	—
Colorado.....	94	6	6.4
New Mexico.....	18	1	5.6
Arizona.....	42	—	—
Utah.....	26	5	19.2
Nevada.....	13	—	—
Pacific.....	1,099	—	—
Washington.....	171	—	—
Oregon.....	83	—	—
California.....	823	—	—
Alaska.....	6	—	—
Hawaii.....	16	—	—
Outlying areas.....	6	—	—
Guam.....	—	—	—
Puerto Rico.....	6	—	—
Virgin Islands.....	—	—	—
Other outlying areas.....	—	—	—

Central States had special certifications, compared with the Pacific States, where there were none. Among the States about 40 percent of the certified ECF's in Illinois and Mississippi were given special certification.

*Type of control.*—Sixty-eight percent of all participating extended care facilities were controlled by proprietary (or profit-making) organizations, 22 percent by voluntary (nongovernment) organizations, and the remainder by State and local governments (table D).

TABLE D.—Percentage distribution of participating extended care facilities, by type of facility and control, all areas, 1967

Type of control	All facilities		Skilled nursing facility	Unit of hospital	Unit of domiciliary institution	Other
	Number	Percent				
Number.....	4,653	—	3,776	645	195	37
Total.....	—	100.0	100.0	100.0	100.0	100.0
Voluntary.....	1,040	22.4	14.3	51.8	73.9	59.5
Proprietary.....	3,181	68.3	81.0	13.0	12.3	37.8
Government.....	432	9.3	4.7	35.2	13.8	2.7
Total.....	4,653	100.0	81.1	13.9	4.2	0.8
Voluntary.....	1,040	100.0	52.0	32.1	13.8	2.1
Proprietary.....	3,181	100.0	96.2	2.6	0.8	0.4
Government.....	432	100.0	41.0	52.5	6.3	0.2

The ownership of ECF's that were units of hospitals paralleled that of participating hospitals. A majority (52 percent) were operated by voluntary organizations, and more than one-third were under the control of State or local governments.

On the average, proprietary extended care facilities were substantially larger than either voluntary or non-Federal government institutions. Only 8 percent of the privately-owned facilities had fewer than 25 beds, compared with 26 percent of the voluntary and 20 percent of the State and local government operated facilities (table E). The median bed size of proprie-

TABLE E.—Number and percentage distribution of participating extended care facilities, by control and bed size, all areas, 1967

Bed size	All facilities	Total	Voluntary	Proprietary	State and local
Percentage distribution					
All areas.....	4,653	100.0	100.0	100.0	100.0
Less than 25 beds.....	608	13.1	26.2	7.8	20.1
25-49.....	1,203	25.8	31.4	23.9	26.8
50-74.....	1,221	26.2	20.0	29.3	18.8
75-99.....	731	15.7	9.1	18.7	9.7
100-149.....	613	13.2	7.4	15.5	10.2
150-199.....	166	3.6	3.4	3.4	4.9
200 or more.....	111	2.4	2.5	1.4	9.5

tary extended care facilities was 66 beds; that for State and local facilities was 54 beds; while voluntary facilities averaged 44 beds per ECF (table F).

TABLE F.—Median bed size of participating extended care facilities, by control and region, 1967

Region	All facilities	Voluntary	Proprietary	State and local
All areas.....	60.6	44.0	65.6	54.2
United States.....	60.6	44.0	65.6	54.0
Northeast.....	65.2	46.9	67.6	120.8
North Central.....	55.9	44.8	62.2	60.5
The South.....	61.8	47.2	65.8	44.6
The West.....	60.7	36.3	66.6	44.0

The median bed size of government operated facilities in the Northeast was at least twice that of government operated facilities in other regions of the nation.

The pattern of extended care facility size also varies across the country. Table G shows the percentage of extended care facilities in each geographic division by bed size. The highest proportion of larger institutions was found in the Middle Atlantic States. In contrast, over half of the extended care facilities in the West North Central States had less than 50 beds.

TABLE G.—Number and percentage distribution of participating extended care facilities, by bed size and division, 1967

Division	All facilities	Bed size						
		Less than 25	25-49	50-74	75-99	100-149	150-199	200 or more
		Number						
All areas.....	4,653	608	1,203	1,221	731	613	166	111
United States.....	4,647	608	1,200	1,220	730	613	166	110
New England.....	399	45	122	96	62	60	7	7
Middle Atlantic.....	532	53	121	110	68	108	36	36
East North Central.....	735	68	202	195	109	108	31	22
West North Central.....	430	124	119	103	35	35	6	8
South Atlantic.....	473	32	112	128	83	79	26	13
East South Central.....	223	8	79	66	33	29	6	2
West South Central.....	480	79	109	164	46	63	10	9
Mountain.....	276	61	63	68	40	38	5	1
Pacific.....	1,099	138	273	290	254	93	39	12
Percentage distribution								
All areas.....	100.0	13.1	25.8	26.2	15.7	13.2	3.6	2.4
United States.....	100.0	13.1	25.8	26.2	15.7	13.2	3.6	2.4
New England.....	100.0	11.3	30.5	24.1	15.5	15.0	1.8	1.8
Middle Atlantic.....	100.0	10.0	22.6	20.7	12.8	20.3	6.8	6.8
East North Central.....	100.0	9.3	27.5	26.5	14.8	14.7	4.2	3.0
West North Central.....	100.0	28.8	27.7	24.0	8.1	8.1	1.4	1.9
South Atlantic.....	100.0	6.8	23.7	27.1	17.5	16.7	5.5	2.7
East South Central.....	100.0	3.6	35.4	29.6	14.8	13.0	2.7	0.9
West South Central.....	100.0	16.4	22.7	34.2	9.6	13.1	2.1	1.9
Mountain.....	100.0	22.1	22.8	24.6	14.5	13.8	1.8	0.4
Pacific.....	100.0	12.6	24.8	26.4	23.1	8.5	3.5	1.1

*Beds per 1,000 enrollees.*—The 4,653 ECF's participating during 1967 provided about 17 nursing beds per 1,000 persons enrolled for hospital insurance in that year. The ratios of nursing beds to the aged population ranged from 4 in Mississippi to 45 in Connecticut (chart 1, table H and table 3.4.1). About one-fourth of the States had between 5 and 10 beds per 1,000 insured persons. However, the number of beds available for use by eligible Medicare enrollees depends, in part, on the use of these beds by persons under 65, and by persons 65 and over who have exhausted Medicare benefits.

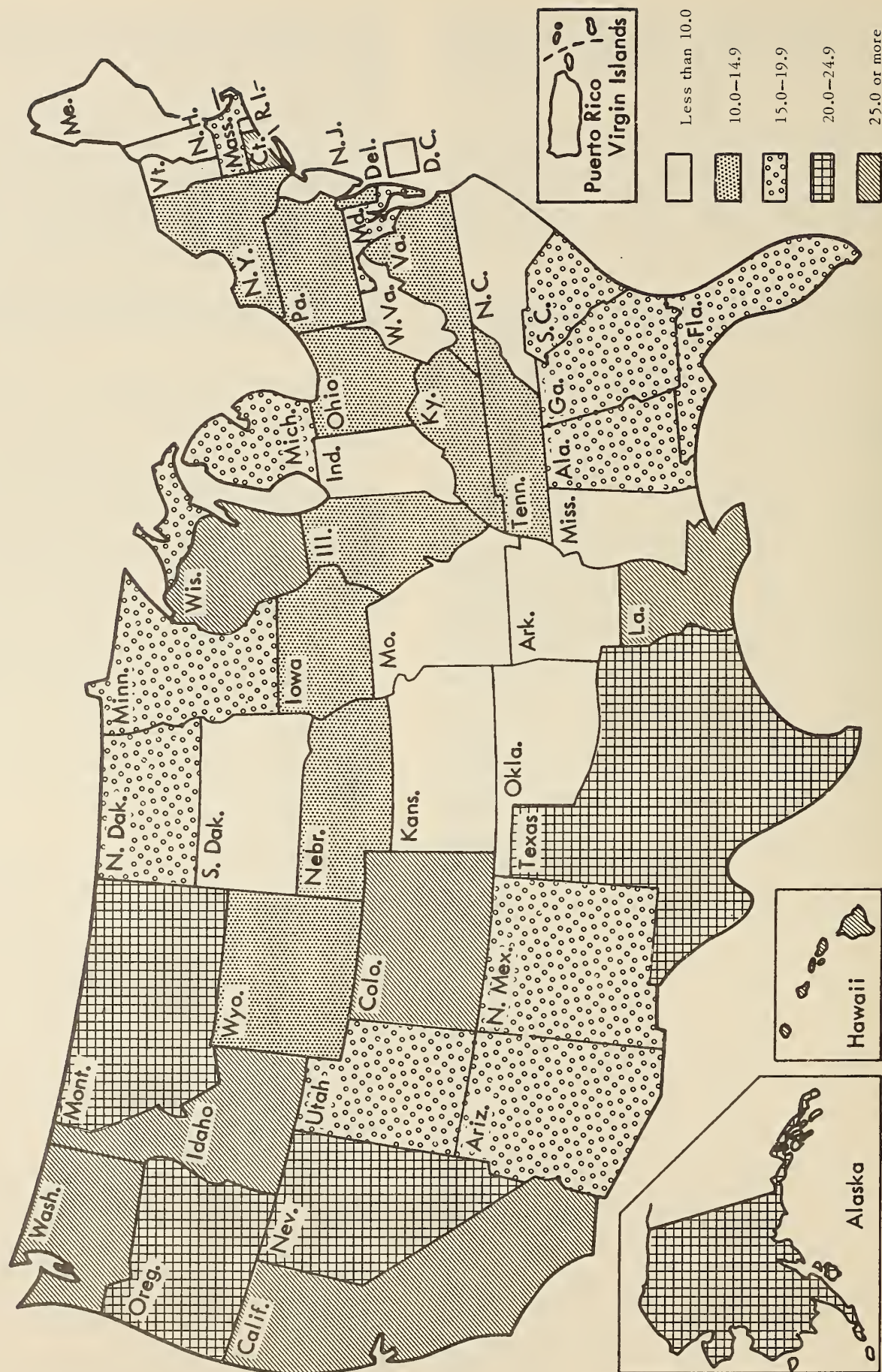
TABLE H.—Percentage distribution of nursing beds in participating extended care facilities per 1,000 enrolled population, July 1, 1967

Nursing beds per 1,000 enrolled population	Number of States <sup>1</sup>	Percentage distribution
Total.....	52	100.0
Less than 5.0.....	2	3.8
5.0-9.9.....	13	25.0
10.0-14.9.....	11	21.2
15.0-19.9.....	12	23.1
20.0-24.9.....	6	11.5
25.0-29.9.....	4	7.7
30.0 or more.....	4	7.7

<sup>1</sup> Includes 50 States, District of Columbia, and Puerto Rico.



CHART 1.--EXTENDED CARE FACILITY BEDS PER 1,000 ENROLLED POPULATION BY STATE, 1967





*Facilities and services.*—Table 3.4.4 shows that, in addition to skilled nursing services (which all extended care facilities must provide in order to participate) 88 percent also provided recreational activities, and 75 percent provided physical therapy services. Availability of the remaining services reported in table 3.4.4 generally varies according to the size of the facility. When services and facilities were ranked by their relative frequency, the larger institutions generally had the most comprehensive range of services (table J).

TABLE J.—Percent of participating extended care facilities reporting specified facilities and services by bed size, all areas, 1967

Facilities and services	All facilities	Bed size						
		Less than 25	25-49	50-74	75-99	100-149	150-199	200 or more
Number-----	4,653	608	1,203	1,221	731	613	166	111
		Percent						
Nursing-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Recreational activities-----	87.8	70.1	87.7	89.8	92.5	92.2	96.4	95.5
Physical therapy-----	75.4	63.0	70.4	75.1	82.4	82.9	89.2	93.7
Examination and treatment room-----	69.7	66.8	62.9	68.5	71.7	76.7	85.5	95.5
Social services-----	61.6	42.4	58.5	63.4	66.5	67.9	81.3	85.6
Pharmacy-----	53.4	52.1	50.1	50.9	53.1	55.3	77.1	81.1
Clinical laboratory-----	51.8	56.7	49.6	47.1	50.8	51.2	74.7	73.9
Dentistry-----	49.9	40.3	48.1	47.8	52.0	53.0	74.7	78.4
X-ray, diagnostic-----	49.7	56.9	47.5	45.5	48.0	47.0	70.5	73.0
Occupational therapy-----	47.4	28.6	42.2	45.6	55.5	58.2	68.7	79.3
Podiatry-----	38.3	24.2	34.4	34.8	43.6	46.3	69.3	72.1
Speech therapy-----	30.6	15.8	27.7	28.4	37.8	36.5	51.2	55.0
Ophthalmology-----	28.0	18.8	26.3	26.0	27.9	32.8	49.4	63.1
Other-----	7.9	6.7	6.0	7.1	7.3	9.1	15.7	30.6

*Christian Science sanatoriums.*—Christian Science sanatoriums that are operated or listed and certified by the First Church of Christ Scientist, in Boston, may participate in the program as “extended care facilities.” Payments to Christian Science sanatoriums cover costs of services ordinarily furnished by these sanatoriums that are comparable to those for which payment is made to hospitals in the sense that services in a sanatorium are a substitute for, and not in addition to, medical services that might be furnished a person if his religious beliefs were not contrary to the use of the usual facilities. By the end of 1967, 19 such sanatoriums, distributed in 15 States, were participating as shown below.

State	Number of facilities
Total-----	19
California-----	3
Colorado-----	1
Florida-----	1
Illinois-----	1
Massachusetts-----	1
Michigan-----	1
Missouri-----	2
New Jersey-----	1
New York-----	1
Ohio-----	1
Oregon-----	1
Pennsylvania-----	1
Texas-----	1
Washington-----	2
Wisconsin-----	1

## Conditions of Participation

The following material is excerpted from the Code of Federal Regulations, Title 20, Chapter III, “Conditions of Participation: Extended Care Facilities” (HIR-11), Social Security Administration.

*Extended care facilities.*—In order to participate in the health insurance program, extended care facilities must satisfy requirements specified in the law and in regulations issued by the Secretary of Health, Education, and Welfare. By law, an extended care facility is defined as an institution (or a distinct part of an institution) which has in effect a transfer agreement with one or more participating hospitals, and is primarily engaged in providing skilled nursing care and related services, or rehabilitation services to inpatients, whose health care must be under the supervision of a physician. The facility must maintain clinical records for all patients, have policies developed by a group of professional personnel, including one or more physicians and one or more registered professional nurses, a medical staff member responsible for the execution of such policies, provide 24-hour nursing service, and have at least one registered professional nurse employed full time. Appropriate methods and procedures for the dispensing and administering of drugs and biologicals must be provided, and an acceptable utilization review plan must be in effect. Facilities also must be licensed or approved for licensing by a State or local agency. In addition, the Secretary of Health, Education, and Welfare may prescribe other requirements that he deems necessary to protect the health and safety of the institutions’ patients.

*Special certification.*—Where denial of participation to an extended care facility seriously limits the access of beneficiaries to needed service because of such factors as isolated location or the absence of sufficient facilities in an area, the facility may, upon recommendation of the State agency, be approved as a provider of services. Such approval is granted only where the facility has no deficiencies that would jeopardize the health and safety of patients, and is making the best use of existing resources to improve its services. Each case is decided on its individual merits, and while the degree and extent of compliance may vary, the facility must meet the statutory conditions spelled out in the Social Security Amendments of 1965, in addition to any other such requirements as the Secretary of Health, Education, and Welfare may find necessary.

*Transfer agreement.*—Extended care facilities must have in effect, or must have attempted in good faith to enter into, a transfer agreement with one or more participating hospitals sufficiently close to the facility to make feasible the transfer between them of patients and medical and other information whenever such transfer is medically appropriate as determined by the attending physician. The transfer agreement must specify the responsibilities each institution



assumes in the transfer of patients and information between the hospital and the extended care facility. These include notifying the other institution promptly of the impending transfer of a patient, arranging for appropriate and safe transportation, and arranging for the care of patients during transfer.

*Utilization review plan.*—Extended care facilities must have a utilization review plan in order to participate in the Medicare program. The plan must apply to all patients who are Medicare beneficiaries, and must provide for (1) a review, on a sample or other basis, of admissions, length of stay, and the professional services (including drugs and biologicals) furnished, with respect to the medical necessity of the services, and the most efficient use of available health facilities and services; and (2) for the review of each case of extended duration. The definition of what constitutes an “extended duration” case is left to the extended care facility. Most of the facilities have defined them as cases with stays of 30 days or more, although a different number of days may be specified for different classes of cases.

The review should be made by either a staff committee of the institution composed of two or more physicians (with or without participation of other professional personnel), or a group from outside the institution similarly composed and established jointly by the local medical society and some or all of the hospitals and extended care facilities in the locality, or where such a group does not exist to serve the institution, it is established in such a manner as may be approved by the Secretary.

*Title VI of the Civil Rights Act.*—In addition to meeting the quality standards established under the health insurance legislation, extended care facilities wishing to participate in the Medicare program must be in compliance with Title VI of the Civil Rights Act of 1964. In its application to Medicare, the Act requires that all institutions participating in the program must provide access to their services and facilities without regard to the race, color, or national origin of a patient; that the ancillary services and facilities be equally available to all people and that the staff be recruited and employed in a nondiscriminatory manner. To meet these requirements, an institution must engage in no discriminating separation, or other distinction on the basis of race, color, or national origin in providing services, facilities, or any other activities that influence the admission, care, or treatment of patients.

*Certification process.*—Extended care facilities that wish to participate under the Medicare program must apply for and establish their eligibility to do so. The facility must demonstrate that it meets the conditions of participation described above. State agencies, primarily health departments, operating under agreement with the Secretary determine whether prospective facilities meet the conditions of participation. The State agencies certify to the Department of

Health, Education, and Welfare the institutions that meet these conditions. A facility that is found to meet the specific statutory requirements and to be in substantial compliance with additional conditions prescribed in regulations may sign an agreement with the Secretary of Health, Education, and Welfare to become a participating extended care facility.

In carrying out their responsibilities under the health insurance program, the State agencies conduct field surveys of facilities to determine the extent to which they are in substantial compliance with the applicable conditions of participation; undertake periodic resurveys of participating facilities to determine whether they continue to meet such conditions; provide consultative services to facilities experiencing difficulties in meeting the participation requirements; identify nonparticipating facilities to determine whether they may effect the benefit period (formerly called “spell of illness” defined below); and coordinate activities under the health insurance program with activities under medical assistance programs. The State agencies are reimbursed for the costs of activities they perform under the program, including related costs of administrative overhead and staff.

The initial certification of extended care facilities found to be in substantial compliance is for a period of 1 year. If deficiencies in one or more of the conditions are found on initial survey, a resurvey must be made by the State agency within 9 months or earlier, depending on the nature of the deficiencies.

Extended care facilities with special certifications are resurveyed at least semiannually. If, on resurvey, it is determined that the provider has not corrected serious deficiencies and that the factor of limited access no longer applies, the provider’s participation is terminated.

In determining whether an extended care facility complies substantially with the conditions of participation, State agencies use a series of standards supplemented by explanatory factors for each prescribed condition as set forth in regulations of the Department of Health, Education, and Welfare. Application of these standards and factors requires a thorough evaluation of the degree to which operation of the extended care facility demonstrates adequate performance of the activities and functions embodied in the conditions.

Facilities with deficiencies in one or more of the conditions of participation may nevertheless be found to be in substantial compliance and certified for participation if the deficiency (1) does not involve failure to meet a specific statutory requirement, (2) does not interfere with adequate patient care, (3) does not represent a hazard to patient health or safety, and (4) is one which the institution is making reasonable plans and efforts to correct. Consultative services were made available by the State agencies to help providers complete their plans for correcting all deficiencies.



If a provider is judged not to be in compliance, or after a period of participation is no longer in compliance with the conditions of participation, the State agency informs the Social Security Administration of this fact. The Social Security Administration in turn (under powers delegated by the Secretary of Health, Education, and Welfare) acts on the State agency's finding—terminating the provider's contract, if appropriate. If the provider disagrees with the Administration's decision, a review of the decision may be requested, at which time an administrative review of SSA's determination is accomplished.

An agreement may be terminated by either the provider of services or the Secretary of Health, Education, and Welfare. Beneficiaries are protected from an abrupt termination of an agreement by a provider through a requirement that notice must be given by the provider to the Secretary and to the public.

The Secretary may terminate an agreement only after reasonable notice and only if the provider (a) does not comply with the provisions of the agreement or of the law and regulation, (b) is no longer eligible to participate, or (c) fails to provide data needed to determine what benefit amounts are payable or refuses access to financial records for verification of bills. The Secretary is required to give the provider reasonable notice and an opportunity for a hearing before making a final determination that the provider does not qualify to participate under the program or before terminating an agreement. The final administrative decision is subject to judicial review.

*Benefit period.*—Once a beneficiary has exhausted his extended care benefits, he cannot renew them until he ends his benefit period. The term "benefit period" means a period of consecutive days beginning with the first day (not included in a previous benefit period) on which an individual entitled to Medicare benefits is furnished hospital or extended care services, and ending with the close of the first period of 60 consecutive days thereafter on each of which he is neither a patient of a hospital or extended care facility.

A beneficiary's benefit period continues after his discharge from an extended care facility if he is admitted to a nonparticipating institution which meets all the requirements for participation in the program, but has not requested participation, or can be defined as primarily engaged in providing skilled nursing care or rehabilitative services to inpatients as specified in Section 1861 (j) (1) of the Social Security Act. This definition includes institutions primarily for the care and treatment of mental disease or tuberculosis, even though such institutions are precluded from participation as extended care facilities in the program.

*Nonparticipating extended care facilities.*—Determinations of whether or not an institution meets the definition of an ECF must be made to the Social Security Administration by the State agencies for all institutions in their respective jurisdictions which provide some level of nursing care or rehabilitative

services to any of their inpatients. This includes unlicensed as well as licensed nursing homes, rehabilitation centers, facilities that applied for participation and were denied, and the remainder of facilities which have a participating distinct part extended care facility. However, these determinations are not requested from State agencies in the case of hospitals, parts of hospitals, nor entire institutions certified as extended care facilities, since these institutions automatically meet the definition.

To maintain currency of the status of nonparticipating facilities the State agencies are asked to inform SSA of all new institutions for nursing or rehabilitation (other than hospitals) which are not applying for Medicare participation, as well as any changes in the status of previous determinations.

## Sources of the Data

TO BE REIMBURSED for services provided, an extended care facility must apply and be accepted for participation in the hospital insurance program. Data included on the applications ("Extended Care Facility Request to Establish Eligibility," Form SSA-1516, figure 1) used by facilities to request certification for participation are recorded in the central provider records and are updated periodically, as new ones apply for participation, or as some leave the program. Upon receipt of these forms in the Social Security Administration's central office, information provided by the facility describing its characteristics is entered into a Master Provider of Services file. All data shown in the general and text tables of this report are compiled from the information shown on the "Extended Care Facility Request to Establish Eligibility" (Form SSA-1516, figure 1) and on the "Certification and Transmittal" (Form SSA-1539, figure 2). The latter is processed and transmitted by the contracting State agency upon receipt of the original provider application form. The information provided by each facility includes such items as the State and county in which the institution is located; number of nursing beds; type of control; major types of services; and staff characteristics, including the number of physicians, registered nurses, qualified physical, occupational, and speech therapists, licensed practical nurses, and other skilled medical personnel.

The eligibility forms were completed by all applicant extended care facilities in accordance with instructions and definitions furnished by the Social Security Administration.<sup>1</sup>

## TYPES OF EXTENDED CARE FACILITIES

*Skilled nursing facilities.*—Institutions certified in their entirety to provide skilled nursing care or rehabilitation services under the Medicare program.

<sup>1</sup> See "Conditions of Participation for Extended Care Facilities," (HIM-3), Social Security Administration, March 1966.

Figure 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION



# EXTENDED CARE FACILITY REQUEST TO ESTABLISH ELIGIBILITY IN THE HEALTH INSURANCE FOR THE AGED PROGRAM

All extended care facilities desiring to establish their eligibility in the health insurance program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

SUBMISSION OF THIS FORM AND ESTABLISHING ELIGIBILITY DOES NOT OBLIGATE AN EXTENDED CARE FACILITY TO PARTICIPATE. AN AGREEMENT WILL BE MADE AVAILABLE BY THE SOCIAL SECURITY ADMINISTRATION AT A LATER DATE TO EXTENDED CARE FACILITIES WHO HAVE ESTABLISHED ELIGIBILITY. THERE IS NO COMMITMENT UNTIL THE AGREEMENT IS SIGNED.

Form Approved,  
Budget Bureau No. 72-R727

DO NOT WRITE IN THIS SPACE

ID

S/C

SMSA

DO

DATE CERTIFIED

CERTIFICATION

I. Identifying Information	A. NAME OF FACILITY		STREET ADDRESS	
	CITY, COUNTY, AND STATE		ZIP CODE	TELEPHONE NUMBER (Including area code)
	NAME OF CHIEF ADMINISTRATIVE OFFICER		TITLE	
	B. NAME AND ADDRESS OF PARENT INSTITUTION (If applicable)			
II. Licensure	1 <input type="checkbox"/> Licensed or approved as _____ by a state or local government agency. Name of agency.		LICENSE EFFECTIVE BEGINNING DATE      THRU DATE	
			2 <input type="checkbox"/> No license or approval required	
III. Transfer Agreement	A. Does the facility have a written agreement in effect with any hospital for the transfer of patients and medical and other information between the institutions?			
	1 <input type="checkbox"/> Yes (If "Yes," please attach a copy of the written agreement)		2 <input type="checkbox"/> No (If "No," complete B below)	
	B. Has an attempt been made to enter into such an agreement?			
	1 <input type="checkbox"/> Yes (If "Yes," please attach a description of attempts made to enter into an agreement)		2 <input type="checkbox"/> No	
IV. Utilization Review Plan	Does the extended care facility have a Utilization Review Plan in effect at present?			
	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No			
	(If "Yes," Utilization Review to be made by):			
	1 <input type="checkbox"/> Committee(s) of Extended Care Facility Medical Staff		2 <input type="checkbox"/> Group outside the Extended Care Facility established by Local Medical Society	
	3 <input type="checkbox"/> Other			
	PLEASE ATTACH A COPY OR TENTATIVE DESCRIPTION OF YOUR UTILIZATION REVIEW PLAN, IF AVAILABLE.			

FORM SSA-1516 (3-66)



<b>V.</b> Mental or TB	Is the facility primarily for the care of patients with tuberculosis or mental disease?	
	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
<b>VI.</b> Nursing	A. Does the facility provide 24-hour nursing service?	B. Is at least one registered professional nurse employed full time?
	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No

**ITEMS VII THRU XII ARE FOR STATISTICAL PURPOSES**

<b>VII.</b> Type of Facility (Check one)	1 <input type="checkbox"/> Skilled Nursing Facility      3 <input type="checkbox"/> Extended Care Unit of Rehabilitation Center      5 <input type="checkbox"/> Other (Specify) _____ 2 <input type="checkbox"/> Extended Care Unit of Hospital      4 <input type="checkbox"/> Extended Care Unit of Domiciliary Institution		
<b>VIII.</b> Type of Control (Check one)	<b>Voluntary Non-Profit</b> 1 <input type="checkbox"/> Church 2 <input type="checkbox"/> Other (Specify) _____ <b>Proprietary</b> 3 <input type="checkbox"/>	<b>Government (Non-Federal)</b> 4 <input type="checkbox"/> State      6 <input type="checkbox"/> City 5 <input type="checkbox"/> County      7 <input type="checkbox"/> City-County Other 8 <input type="checkbox"/> Specify _____	
<b>IX.</b> Facilities and Services Provided (Check all applicable)	01 <input type="checkbox"/> Nursing      06 <input type="checkbox"/> Recreational Activities      11 <input type="checkbox"/> Dentistry* 02 <input type="checkbox"/> Physical Therapy      07 <input type="checkbox"/> Pharmacy      12 <input type="checkbox"/> Podiatry* 03 <input type="checkbox"/> Occupational Therapy      08 <input type="checkbox"/> Clinical Laboratory      13 <input type="checkbox"/> Ophthalmology* 04 <input type="checkbox"/> Speech Therapy      09 <input type="checkbox"/> X-Ray, Diagnostic      14 <input type="checkbox"/> Other (Specify) _____ 05 <input type="checkbox"/> Social Services      10 <input type="checkbox"/> Examination and Treatment Room *Generally not covered under Title XVIII of the Social Security Act.		
<b>X.</b> Physicians	NUMBER OF PHYSICIANS ON THE MEDICAL STAFF		
<b>XI.</b> Number of Employees (Full-Time Equivalents)	A. REGISTERED PROFESSIONAL NURSES	B. LICENSED PRACTICAL NURSES	C. QUALIFIED PHYSICAL THERAPISTS
	D. QUALIFIED OCCUPATIONAL THERAPISTS	E. QUALIFIED SPEECH THERAPISTS	F. LICENSED PHARMACISTS
	G. QUALIFIED SOCIAL WORKERS	H. OTHER SOCIAL WORK PERSONNEL	I. ALL OTHERS
<b>XII.</b> Bed Capacity	A. TOTAL BEDS		B. NUMBER OF NURSING BEDS

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

DATE

Figure 2



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

Form Approved.  
Budget Bureau No. 72-R725

# CERTIFICATION AND TRANSMITTAL

## TO BE COMPLETED BY STATE AGENCY

1. NAME AND ADDRESS OF FACILITY		2. TYPE OF FACILITY	
		(a) <input type="checkbox"/> JCAH General Hospital	(e) <input type="checkbox"/> ECF
		(b) <input type="checkbox"/> Non-JCAH General Hospital	(f) <input type="checkbox"/> HHA
		(c) <input type="checkbox"/> Psych. Hospital	(g) <input type="checkbox"/> HHA (Psych.)
		(d) <input type="checkbox"/> TB Hospital	(h) <input type="checkbox"/> Independent Lab.
3. TO: BHI Regional Representative Regional Office,		4. DATE OF APPLICATION	5. CERTIFICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION
6. STATE			
7. PURSUANT TO PROVISIONS OF SEC. 1864 OF THE SOCIAL SECURITY ACT, AND UPON CONSIDERATION OF ALL FACTS, THE FACILITY IS CERTIFIED AS:			
(a) <input type="checkbox"/> In substantial compliance with the conditions of participation (with no significant deficiencies)		(d) <input type="checkbox"/> Not (or no longer) in compliance with conditions of participation	
(b) <input type="checkbox"/> In substantial compliance with the conditions of participation (with correctable deficiencies)		8. SUPPLEMENTAL INFORMATION ON HOSPITALS AND ECF'S NOT IN COMPLIANCE	
(c) <input type="checkbox"/> Meeting the conditions for special certification (limited access)		(a) <input type="checkbox"/> Facility is in conformance with 1861 (e) (1) (Definition of hospital)	
		(b) <input type="checkbox"/> Facility is in conformance with 1861 (j) (1) (Definition of ECF)	
		(c) <input type="checkbox"/> Hospital is in conformance with 1861 (e) (1-5) and (7) (Eligible for emergency services)	
9. JCAH ACCREDITATION VERIFIED	10. RECOMM. RE-SURVEY DATE	11. CONDITIONS OF PARTICIPATION WITH MAJOR DEFICIENCIES (Circle) (Complete when items 7b, 7c, or 7d are checked)	
		I II III IV V VI VII VIII IX X XI XII XIII XIV XV XVI XVII XVIII XIX XX XXI XXII XXIII XXIV XXV	
12. EVIDENCE AND REASONING (Include results of consultation)			

☐ CONT. ON ATTACHED SHEET

13. PREPARED BY	14. DATE	15. REVIEWED BY	16. DATE
TITLE		TITLE	

## TO BE COMPLETED BY REGIONAL OFFICE

17. DETERMINATION OF ELIGIBILITY		18. FACILITY IS IN COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT
(a) <input type="checkbox"/> Facility is eligible to participate	(b) <input type="checkbox"/> Facility is not eligible to participate	<input type="checkbox"/>
19. REGIONAL OFFICE REVIEW ACTION		
(a) <input type="checkbox"/> Approved SA Certification No change	(b) <input type="checkbox"/> Following consultation with SA, original certification of compliance changed to non-compliance	(c) <input type="checkbox"/> Following consultation with SA, original certification of non-compliance changed to compliance
20. REMARKS		

21. PHS REVIEWER (where applicable)	22. DATE	23. DETERMINATION APPROVED	24. DATE
-------------------------------------	----------	----------------------------	----------

TO: BHI  
Division of Methods and Procedures  
Baltimore, Maryland 21235

FORM SSA-1539 (2-66)



*Distinct part of skilled nursing facility.*—Skilled nursing facilities certified only in part for participation in the program.

*Unit of hospital.*—Distinct parts of hospitals, such as a ward or wing, in which the primary objective is providing skilled nursing or rehabilitation services.

*Unit of domiciliary institution.*—Distinct parts of domiciliary institutions in which the primary objective is providing skilled nursing or rehabilitation services.

*Other.*—Distinct parts of rehabilitation centers in which the primary objective is providing skilled nursing or rehabilitation services.

*Christian Science sanatoriums.*—May be considered “extended care facilities” with respect to such items and services ordinarily furnished by the institution or additionally stipulated by the Secretary in regulations, if operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts.

*“Special certification” facility.*—Where, by reason of factors such as isolated location or absence of sufficient extended care facilities in an area, the denial of eligibility of a provider to participate would seriously limit the access of beneficiaries to participating facilities, an institution may, upon recommendation by the State agency, be approved as a provider of services. Such approvals are granted only where there are no deficiencies of such character and severity as to jeopardize the health and safety of Medicare patients. Providers receiving such special approvals furnish information periodically to the State agency to show improvement toward an acceptable level of participation.

#### **CONTROL OF EXTENDED CARE FACILITIES**

*Voluntary-church:* Facilities whose governing authority is a nonprofit religious organization.

*Voluntary-other:* Facilities whose governing authority is a nonprofit organization other than a religious one.

*Proprietary:* Facilities whose governing authority is an individual, partnership, or profit-making corporation.

*Government:* Facilities whose governing authority is a unit of government. The unit may be a State, county, or city, or a city and county government jointly.

#### **EXTENDED CARE FACILITIES AND SERVICES**

*Nursing beds:* Includes beds regularly available for use by inpatients receiving skilled nursing care and related services or rehabilitation services under the supervision of at least one physician and one registered nurse, with 24-hour nursing service. For extended care facilities only nursing beds can be certified for participation in the program. Beds available for patients receiving custodial care, which care is designed to assist an individual in meeting his activities of daily living and does not require the attention of medical or paramedical personnel, cannot be certified for participation.

*Nursing:* Organized facilities and 24-hour nursing services provided by qualified nursing personnel of sufficient numbers and categories to meet the nursing needs of patients, with at least one registered professional nurse employed full time and responsible for the total nursing service.

*Physical therapy department:* Organized facilities and services at the institution or by arrangement with an appropriate institution for the provision of physical therapy services prescribed by physicians and administered by or under the direction of a qualified physical therapist.

*Occupational therapy department:* Organized facilities and services at the institution or by arrangement with an appropriate institution for the provision of occupational therapy services prescribed by physicians and administered by or under the direction of a qualified occupational therapist.

*Speech therapy services:* Organized facilities and services at the institution or by arrangement with an appropriate institution for the provision of speech therapy services prescribed by physicians and administered by or under the direction of a qualified speech therapist.

*Social service departments:* Organized facilities and services at the institution or by arrangement with an appropriate institution for the provision of social services, under the direction of a qualified social worker.

*Recreational activities:* Organized facilities and services suited to the needs and interest of patients to encourage restoration to self-care and resumption of normal activities, directed by an individual who has training or experience in group activities, or has available consultation from a qualified recreational therapist or group activity leader.

*Pharmacy:* Facilities and services at the institution or by arrangement with an appropriate institution which provide appropriate methods for the obtaining, dispensing, and administering of drugs and biologicals, developed with the advice of a staff or consultative pharmacist, or a pharmaceutical advisory committee which includes one or more licensed pharmacists.

*Clinical laboratory:* Laboratory responsible for tests and procedures in the fields of microbiology, serology, clinical chemistry, hematology, and immunohematology.

*X-ray, diagnostic:* Use of radiographic and fluoroscopic equipment for the recognition and identification of internal conditions in a patient.

*Examination or treatment room:* An organized unit of an institution with facilities and personnel to aid physicians in the diagnosis and treatment of patients through the performance of diagnostic or therapeutic procedures.

*Other services or facilities:* May include dentistry, podiatry, and ophthalmology which are not covered by Title XVIII of the Social Security Act.



## Provisions of the Law

The health insurance program for the aged, commonly called Medicare, was enacted on July 30, 1965, as Title XVIII of the Social Security Act, and became effective on July 1, 1966. The program, a part of the 1965 amendments (Public Law 89-97), makes available two separate but coordinated insurance coverages—hospital insurance, covering nearly all persons aged 65 and over, and supplementary medical insurance, covering those persons in this age group who enroll voluntarily and pay the premium. Changes in the program effective in 1968 were incorporated in the 1967 amendments to the Social Security Act (Public Law 90-248).

### Hospital Insurance Program

The hospital insurance program (Part A of Medicare) pays for a large portion of the costs of hospital and related post-hospital services. It is financed on a self supporting basis through a tax on a portion of current earnings, paid by employees, employers, and self-employed persons. The proceeds of this tax are placed in the Hospital Insurance Trust Fund, from which reimbursements for benefits and administrative expenses incurred under the program are paid. The trust fund is reimbursed from general tax revenues for the costs of providing coverage for persons who qualify for hospital insurance but who are not eligible for monthly social security or railroad retirement benefits.

### BENEFITS

*Inpatient hospital benefits.*—The program covers the cost of covered services in a participating hospital for up to 90 days in a “benefit period” (a period beginning with the first day of hospitalization and ending 60 days after discharge from a hospital or a skilled nursing home). Of the 90 days, full payment is made for the first 60 days of hospitalization after a deductible of \$40 has been paid. For each of the remaining 30 days in the benefit period, the patient pays a coinsurance amount of \$10 a day. The program provides the same benefits for emergency services rendered in a nonparticipating hospital.

Inpatient tuberculosis and psychiatric hospital services are also covered. However, there is a lifetime limit of 190 days of care in a psychiatric hospital.

Where an individual is a patient in a tuberculosis or psychiatric hospital at the time he becomes entitled to hospital insurance, the number of days he was such an inpatient in the 90-day period immediately prior to his eligibility are counted against his 90 days of entitlement in that benefit period.

Covered hospital services include hospital room and board in accommodations containing from two to four beds, nursing services except for private-duty nursing, drugs and biologicals, and all those services ordinarily furnished by a hospital to its inpatients. Coverage under the hospital insurance program does not include the services of physicians (including radiologists, anesthesiologists, pathologists, and physiatrists) except for those services provided by interns or residents in training under approved teaching programs in a hospital.

The cost of the first three pints of blood furnished a patient during a benefit period is a deductible amount unless the patient arranges for replacement. Charges for any additional blood are covered under the program.

*Outpatient hospital diagnostic benefits.*—These benefits cover the cost of tests and related services that are ordinarily furnished by a participating hospital to its outpatients for the purpose of diagnostic study. Such services are covered subject to a \$20 deductible and 20-percent coinsurance for diagnostic services furnished the beneficiary by the same hospital during a 20-day period. The deductible may be applied towards the \$50 annual medical insurance deductible.

*Post-hospital home health care benefits.*—These benefits cover the cost of visiting nurse services and related home health services for as many as 100 visits in a year following the patient's discharge from a hospital or extended care facility, provided he has been confined for at least 3 consecutive days in a hospital. A home health plan must be developed by a physician and implemented within 14 days after the patient's discharge from the hospital or extended care facility.

*Extended care facility benefits.*—The program pays for the reasonable cost of all covered inpatient services in participating extended care facilities (ECF) for up to 100 days of such care in any benefit period, following discharge from a hospital after a stay of 3 consecutive days or more, and admission to an ECF within 14 days of discharge. Full payment is made for



the first 20 days. For each of the remaining 80 days, the patient pays a coinsurance of \$5 a day.

### Supplementary Medical Insurance Program

The supplementary medical insurance program (Part B of Medicare) provides coverage of physicians' services, additional home health services, and a variety of other health services. Individuals 65 years of age and over may enroll in the program regardless of whether they are eligible for social security retirement benefits. The insured's monthly premiums are matched by the Federal Government and paid into the Supplementary Medical Insurance Trust Fund, which reimburses carriers for benefits and administrative expenses incurred under the program.

### BENEFITS

The SMI program pays for 80 percent of the allowed charges for covered physician services and other medical services after the patient has met a deductible of \$50 during a calendar year. However, payment for outpatient psychiatric physician services is limited to the lesser of \$250 or 50 percent of the allowed charges in any year after the \$50 deductible has been met. The sum and percentage are derived from the statutory provision which permits an incurred expense for out-of-hospital treatment of mental illness of only \$312.50 or 62.5 percent of actual expenses in a calendar year. Since only 80 percent of allowed charges can be reimbursed, the effective maximum becomes \$250.

To preclude the possibility of having to meet a deductible twice in a short period of time, a "carry-over" provision is applied. Accordingly, covered expenses that are incurred in the last quarter of the year and counted toward the deductible in that year are also credited toward the deductible for the following year.

Covered under the program are such benefits as physicians' services, including home, hospital, and office visits; services and supplies, including drugs and biologicals that cannot be self-administered, that are furnished as a part of a physician's professional service, most commonly in his office, and either rendered without charge or included in the physician's bills; diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests; X-ray, radium, and radioactive isotope therapy, including materials and the services of technicians; surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations; rental of durable medical equipment, including iron lungs, oxygen tents, hospital beds, and wheelchairs used in the patient's home (including an institution used as his home); ambulance service in cases where the use of other methods of transportation is contraindicated by the individual's condition; prosthetic devices (other than dental) that replace all or part of an internal organ, including

replacement of such devices; leg, arm, back, and neck braces, and artificial legs, arms, eyes, including replacement if required because of a change in the patient's physical condition; and 100 home health visits during a calendar year—these visits being independent of those provided under the hospital insurance program.

### Eligibility

*The hospital insurance program.*—Almost all persons aged 65 and over are eligible for benefits under the hospital insurance program. Included are those persons in this age group who are entitled to monthly social security cash benefits or payments from the railroad retirement system, regardless of whether they have applied for these cash benefits. A person could apply for hospital insurance protection even though he did not qualify for either social security cash benefits or a railroad retirement annuity if (1) he had attained age 65 by July 1, 1966, (2) he would become 65 years of age before 1968, or (3) he would attain age 65 after 1967 with not less than 3 quarters of social security coverage, whenever acquired, for each calendar year elapsing after 1965 and before the year in which he would attain age 65; however, hospital insurance protection could not go into effect until the individual attained age 65. These three classes of individuals were "deemed insured" under a special transitional provision.

Federal employees who retired from the Federal service after July 1, 1960, and who had the opportunity to be covered under the Federal Employees Health Benefits Act of 1959, are ineligible for hospital insurance benefits under the transitional provisions. Also ineligible are aliens with less than 5 years of continuous residence in the United States, and those persons convicted of crimes against the security of the United States.

Hospital insurance protection can be retroactive for as many as 12 months before the month an individual files his application for entitlement. For example, an individual may apply 11 months after he attains age 65 and still be entitled to benefits from the month he attained age 65.

*Supplementary medical insurance.*—Persons entitled to benefits under the hospital insurance program (Part A), retired Federal employees aged 65 or over, and persons not eligible for hospital insurance under the transitional provisions may voluntarily participate in the SMI program.

*Enrollment.*—An eligible person may enroll during the initial enrollment period, which begins with the third month preceding the one in which an individual attains age 65 and ends 3 months after the month of attainment, a total period of 7 months. If he enrolls during the 3 months prior to the month in which he attains age 65, his coverage is effective with the month in which he attains age 65; if he enrolls during the month he attains age 65, his coverage begins the following month; if he enrolls in any of the 3 months



after he attains age 65, his coverage begins from 2 to 3 months after enrollment, depending on how long he waited before enrolling.

A general enrollment period was set between October 1, 1967, and March 31, 1968, for those who did not enroll in the regular enrollment period, with comparable periods set to occur in every odd-numbered year from October through December. A person who enrolls during a general enrollment period may receive benefits starting on the first of July following the general enrollment period. An eligible individual must enroll within 3 years after the close of the first enrollment period in which he was entitled to enroll in order to become a beneficiary.

An initial general enrollment period was set up at the beginning of the program for people who had attained age 65 before March 1, 1966. This enrollment period began September 1, 1965, and ended on May 31, 1966, for coverage to begin with the initiation of the program on July 1, 1966.

A State may enroll otherwise eligible individuals who receive cash payments under public assistance programs if the State requests such a State-Federal enrollment agreement to be established and pays the necessary premiums.

Enrollment terminates with the beginning of the month following the month of death. In general, railroad retirement beneficiaries and individuals entitled to monthly cash social security benefits may terminate their enrollment voluntarily by notifying the Social Security Administration in writing during a general enrollment period of the desire to withdraw from the program. Other enrolled persons may terminate their coverage by withholding payment of premiums or by notifying the Social Security Administration in writing of the desire to withdraw from the program. An individual who previously has terminated his enrollment may re-enroll only in a general enrollment period beginning within 3 years of the date his previous enrollment had terminated. Re-enrollment, however, is allowed only once.

### Financing the Program

*Hospital Insurance.*—The hospital insurance program is financed on a long-range, self-supporting basis through a separate schedule of increasing tax rates on the first \$6,600 of earnings in employment covered under the Social Security Act with the same rate for employees, employers, and self-employed persons. The earnings base was raised in 1963 to \$7,800. This rate was 0.35 percent in 1966, 0.50 percent for 1967, and is scheduled to increase until it is 0.90 percent in 1987 and thereafter. The proceeds of this tax and that collected from the railroad retirement system are placed in a Hospital Insurance Trust Fund<sup>1</sup> from which reimbursements for all benefits and administrative expenses incurred under the hospital in-

surance program are paid. The Hospital Insurance Trust Fund is reimbursed from general tax revenues for the costs of providing coverage for the almost 21½ million persons who qualify for hospital insurance but who are not entitled to monthly social security or railroad retirement benefits, that is, those “deemed insured.”

*Supplementary Medical Insurance.* Premiums are paid into the Federal Supplementary Medical Insurance Trust Fund<sup>2</sup> by those persons enrolled for supplementary medical insurance, (or on their behalf) and a matching amount is paid from general revenues by the Federal Government.

The premiums of persons receiving social security cash benefits, railroad retirement, or Federal civil service annuities are deducted from their monthly benefit checks. Persons not receiving monthly benefits are billed quarterly for premiums by the Social Security Administration or Railroad Retirement Board and have a 90-day grace period in which to make payment. Premiums may be paid for as long as a year in advance, and for individuals financially unable to make quarterly payments, arrangements can be made for monthly payments.

The premium rate of the supplementary medical insurance program may be adjusted annually if medical costs rise. The law requires that the rate be set at an amount that will generate income to the fund sufficient to cover benefit payments and administrative costs incurred during the year. The monthly premium was set at \$3 beginning with July 1966 and remained at this level until April 1968 when it was raised to \$4 per month.

States are permitted to enter into agreements with the Secretary, based on a request made before January 1, 1970, to buy in—that is, to pay the medical insurance premiums—for public assistance recipients aged 65 or over who were receiving money payments under an approved public assistance plan and for all aged persons eligible to receive medical assistance under an approved Title XIX plan.

### Administration of the Program

*Hospital Insurance.*—Under the hospital insurance plan, groups or associations of providers, on behalf of their members, may nominate a national, State, or other public or private agency or organization to serve as intermediary in the claims process. A member of an association is free, however, to receive payment from an approved intermediary other than its association's nominee, if approved by the Secretary and agreeable to the intermediary selected. In addition, a provider may deal directly with the Social Security Administration.

<sup>1</sup> 1967 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund, U.S. House of Representatives Document Number 64.

<sup>2</sup> The 1967 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund, U.S. House of Representatives Document Number 66.



The Secretary may enter into an agreement with a nominated organization if he finds this to be consistent with effective and efficient administration of the hospital insurance program. The intermediary makes payments to providers for covered items and services on the basis of reasonable cost determinations and assists in the application of safeguards against unnecessary utilization of covered services. The agreement may also call for (1) furnishing consultative services to assist providers to establish and maintain necessary fiscal records and otherwise qualify as providers of services, (2) serving as a center for communicating with providers, and (3) making audits of provider records. Generally speaking, the Social Security Administration utilizes the services of the hospital insurance intermediary in making payments for home health and outpatient hospital services covered under the supplementary medical insurance program.

Payment may be made for a beneficiary for covered emergency inpatient hospital services where the hospital is not a participating facility and agrees not to charge the beneficiary for covered services. Such a hospital may be outside the United States if it is more accessible than the nearest hospital in the United States adequately equipped to treat the patient.

Requests for payment for covered services must be signed by the beneficiary (or someone for him, if he is unable to do so). Payments are made on the basis of reasonable costs for these services to participating providers of services, that is, hospitals, extended care facilities, and home health agencies, who have been certified for participation.

In some instances, hospitals may bill for physician services rendered to inpatients. In these cases, interim payment is made from the HI trust fund. Subsequently, funds are transferred from the SMI trust fund to the HI trust fund to cover the cost of these services.

The intermediary selected by the provider reviews the claims for payment and pays the provider. Actual payment is made on the basis of an interim rate established between the provider and the intermediary. Final settlement for each provider's operating year is made on the basis of a cost report submitted by the provider, and subject to an independent audit.

No payments can be made to Federal providers of services except for emergency services, unless this provider serves as a community institution. In addition, payment cannot be made to a provider for those services it is obligated to render at public expense under Federal law or contract.

*Supplementary Medical Insurance.*—Under the medical insurance program, the Secretary of Health, Education, and Welfare may enter into contracts with carriers for the performance of specified administrative functions. The carriers' principal function is to

determine whether charges are allowable (reasonable) and to make payments.

The carrier selected by the Secretary of Health, Education, and Welfare to serve as an intermediary determines the allowed charges for bills submitted for each medical care service covered by the program and pays 80 percent of this amount after the \$50 deductible has been met.

The allowed charge for the service may be paid to the patient, or the patient may assign the bill for collection to the physician or other supplier of the service if he is willing to accept assignment. In the former situation, the patient first pays the bill and submits the receipted bill to the carrier and is reimbursed, and, in the latter, the physician or other supplier submits the bill and is reimbursed. When the payment is made directly to the physician (or supplier) on assignment, the allowed charge determined by the carrier is the total charge. In both situations, the patient is responsible for the first \$50 of the charges for covered services he receives during the year and the amount of the bill over 80 percent of the allowed charges.

The law instructs the carrier to consider the following criteria in determining the "allowed" charge:

(1) the customary charge for the service generally made by the physician or other person furnishing such services; and

(2) the prevailing charge in the locality by other physicians and suppliers for similar services.

The law also specifies that the "allowed" or reasonable charge cannot be higher than the charge applicable for a similar service rendered under comparable circumstances to the carriers' own policy holders or subscribers.

Carriers also have the authority and responsibility to determine, in a given case, whether a claim is for a covered service and to deny claims for noncovered or excluded items or services. In addition, carriers are to assist in the application of safeguards against the furnishing of unnecessary services to eligible individuals.

Most services covered by the medical insurance program are rendered on a fee-for-service basis. However, services furnished under group practice prepayment plans are normally rendered in return for predetermined premium payments. In recognition of the need for special adaptation of the Medicare payment procedures for services rendered by group practice prepayment plans, the law provides that an organization which furnishes medical and other health services (or arranges for their availability) on a prepayment basis, may elect to be paid 80 percent of the reasonable cost of services in lieu of 80 percent of the allowed charge for such services.



## General Tables

### Notes

*Type of facility.*—See page xv.

*Type of control.*—See page xix.

*Facilities and services.*—See page xix.

*Geographic classifications.*—Based on the address of the facility.

*All areas:* Consists of the United States, Guam, Puerto Rico, Virgin Islands, and other outlying areas.

*United States:* Consists of the 50 States, and the District of Columbia.

*Other outlying areas:* Consists of American Samoa, the Canal Zone, Canton Island, Caroline Islands, Mariana Islands, Marshall Islands, Midway Islands, and Wake Island.

*Standard metropolitan statistical areas.*—Listed as of the end of 1966 by the Office of Statistical Standards, Bureau of the Budget, in the publication *Standard Metropolitan Statistical Areas* (1967). Each metropolitan area is an integrated economic and social unit with a recognized large population nucleus. Each standard metropolitan statistical area must contain at least one city of at least 50,000 inhabitants. The area includes the county of such a central city and adjacent counties that are found to be metropolitan in character and economically and socially integrated with the county of the central city.

In New England an SMSA consists of towns and cities, rather than counties. However, the address of the participating facility is coded only for State and county. Therefore, for New England, the SMSA was replaced by the metropolitan State economic area, which is defined in terms of whole counties.

### Symbols

Quantity zero	-----	—
Quantity more than 0 but less than 0.05	-----	0.0



**Table 3.4.1 NUMBER OF EXTENDED CARE FACILITIES, BEDS, AND BEDS PER 1,000 ENROLLED POPULATION, BY TYPE OF FACILITY, REGION, DIVISION, AND STATE**

[See NOTES preceding General Tables]

Region, division, and State	All facilities			Skilled nursing facility <sup>1</sup>		Unit of hospital		Unit of domiciliary institution		Other	
	Number	Beds	Beds per 1,000 enrolled population	Number	Beds	Number	Beds	Number	Beds	Number	Beds
Total	4 653	324 062	16.6	3 776	276 287	645	32 362	195	13 540	37	1 873
United States	4 647	323 581	16.9	3 775	276 212	640	31 956	195	13 540	37	1 873
Northeastern States	931	75 595	14.9	786	62 884	67	5 677	71	6 430	7	604
North Central States	1 165	76 641	13.6	868	62 536	230	10 131	56	3 603	11	371
South	1 176	80 864	14.5	1 012	72 776	124	5 682	34	2 056	6	350
West	1 375	90 481	31.3	1 109	78 016	219	10 466	34	1 451	13	548
The Northeastern States:											
New England	399	26 223	21.0	366	24 158	20	1 467	12	430	1	168
Middle Atlantic	532	49 372	12.9	420	38 726	47	4 210	59	6 000	6	436
The North Central States:											
East North Central	735	53 705	14.4	593	45 606	92	5 057	43	2 782	7	260
West North Central	430	22 936	12.1	275	16 930	138	5 074	13	821	4	111
The South:											
South Atlantic	473	36 599	13.8	417	33 551	39	2 026	15	944	2	78
East South Central	223	14 240	11.7	195	12 697	24	1 320	4	223	-	-
West South Central	480	30 025	17.5	400	26 528	61	2 336	15	889	4	272
The West:											
Mountain	276	16 385	25.5	200	13 715	63	2 136	10	342	3	192
Pacific	1 099	74 096	32.9	909	64 301	156	8 330	24	1 109	10	356
New England:											
Maine	24	931	7.9	17	786	7	145	-	-	-	-
New Hampshire	10	477	6.1	8	435	1	16	1	26	-	-
Vermont	11	447	9.3	11	447	-	-	-	-	-	-
Massachusetts	146	11 049	17.7	134	9 502	9	1 251	2	128	1	168
Rhode Island	19	942	9.3	16	831	2	36	1	75	-	-
Connecticut	189	12 377	44.6	180	12 157	1	19	8	201	-	-
Middle Atlantic:											
New York	241	27 611	14.4	194	21 181	22	3 132	23	3 216	2	82
New Jersey	70	5 510	8.3	57	4 537	5	416	5	213	3	344
Pennsylvania	221	16 251	13.1	169	13 008	20	662	31	2 571	1	10
East North Central:											
Ohio	179	12 914	13.2	153	11 455	15	861	9	545	2	53
Indiana	62	4 725	9.8	55	4 410	5	251	2	64	-	-
Illinois	173	11 496	10.7	134	9 614	19	912	19	957	1	13
Michigan	137	12 275	16.7	107	9 659	18	1 450	9	989	3	177
Wisconsin	184	12 295	26.7	144	10 468	35	1 583	4	227	1	17
West North Central:											
Minnesota	141	7 489	18.6	90	5 352	47	1 979	4	158	-	-
Iowa	70	3 573	10.2	49	2 601	17	781	2	105	2	86
Missouri	72	5 187	9.5	54	4 341	16	821	-	-	2	25
North Dakota	26	1 261	19.3	18	1 020	5	68	3	173	-	-
South Dakota	16	782	9.8	12	670	3	49	1	63	-	-
Nebraska	32	2 497	13.8	21	1 486	8	689	3	322	-	-
Kansas	73	2 147	8.2	31	1 460	42	687	-	-	-	-
South Atlantic:											
Delaware	9	539	12.5	6	386	1	60	2	93	-	-
Maryland	52	4 993	18.3	49	4 629	1	104	2	260	-	-
District of Columbia	7	1 641	24.4	5	1 417	1	64	1	160	-	-
Virginia	51	3 791	11.0	48	3 696	3	95	-	-	-	-
West Virginia	26	1 108	5.7	19	805	5	232	1	11	1	60
North Carolina	43	2 932	7.6	34	2 605	6	201	3	126	-	-
South Carolina	52	3 292	18.2	50	3 195	2	97	-	-	-	-
Georgia	74	5 847	16.9	67	5 523	7	324	-	-	-	-
Florida	159	12 456	15.4	139	11 295	13	849	6	294	1	18
East South Central:											
Kentucky	56	3 656	11.1	49	3 387	6	219	1	50	-	-
Tennessee	55	3 799	10.4	41	2 704	12	952	2	143	-	-
Alabama	92	5 919	19.2	90	5 822	1	67	1	30	-	-
Mississippi	20	866	4.0	15	784	5	82	-	-	-	-
West South Central:											
Arkansas	35	2 163	9.6	23	1 641	10	394	2	128	-	-
Louisiana	123	7 275	25.2	116	6 817	5	238	2	220	-	-
Oklahoma	38	1 504	5.3	22	1 011	11	257	3	68	2	168
Texas	284	19 083	20.7	239	17 059	35	1 447	8	473	2	104
Mountain:											
Montana	34	1 369	20.1	15	865	14	326	5	178	-	-
Idaho	40	2 453	37.3	30	1 926	5	229	3	130	2	168
Wyoming	9	318	10.7	7	270	2	48	-	-	-	-
Colorado	94	6 648	36.7	77	6 146	14	444	2	34	1	24
New Mexico	18	1 132	17.2	13	814	5	318	-	-	-	-
Arizona	42	2 487	18.4	31	2 024	11	463	-	-	-	-
Utah	26	1 404	19.7	21	1 291	5	113	-	-	-	-
Nevada	13	574	21.5	6	379	7	195	-	-	-	-
Pacific:											
Washington	171	8 723	28.2	134	7 684	29	823	4	105	4	111
Oregon	83	4 784	22.4	62	4 231	18	444	1	57	2	52
California	823	59 431	35.3	703	51 710	99	6 668	17	860	4	193
Alaska	6	137	23.5	1	37	4	35	1	65	-	-
Hawaii	16	1 021	25.8	9	639	6	360	1	22	-	-
Outlying areas:											
Guam	-	-	0.0	-	-	-	-	-	-	-	-
Puerto Rico	6	481	3.2	1	75	5	406	-	-	-	-
Virgin Islands	-	-	0.0	-	-	-	-	-	-	-	-
Other outlying areas	-	-	0.0	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.2 NUMBER OF EXTENDED CARE FACILITIES, BEDS, AND BEDS PER 1,000 ENROLLED POPULATION, BY TYPE OF FACILITY, FOR POPULATION SIZE GROUPS OF STANDARD METROPOLITAN STATISTICAL AREAS, AND FOR EACH AREA OF 500,000 POPULATION OR MORE**

[See NOTES preceding General Tables]

Standard metropolitan statistical area	All facilities			Skilled nursing facility <sup>1</sup>		Unit of hospital		Unit of domiciliary institution		Other	
	Number	Beds	Beds per 1,000 enrolled population	Number	Beds	Number	Beds	Number	Beds	Number	Beds
ALL SMSA'S											
Total	2 970	234 890	19.4	2 526	203 454	276	19 950	141	10 395	27	1 091
1965 Population of—											
3,000,000 or more	734	66 196	18.5	641	57 497	41	4 940	46	3 517	6	242
1,000,000 to 3,000,000	853	68 923	20.9	729	60 839	90	5 944	25	1 898	9	242
500,000 to 1,000,000	586	44 575	19.9	491	37 156	53	3 851	36	3 292	6	276
250,000 to 500,000	432	30 992	18.5	357	27 180	52	2 778	20	906	3	128
100,000 to 250,000	325	21 317	18.8	276	18 376	36	2 228	12	678	1	35
50,000 to 100,000	40	2 887	17.0	32	2 406	4	209	2	104	2	168
SMSA'S OF 500,000 OR MORE											
Akron, Ohio	8	765	13.4	4	485	2	166	1	76	1	38
Albany-Schenectady-Troy, N. Y.	5	426	5.4	4	395	1	31	-	-	-	-
Allentown-Bethlehem-Easton, Pa.	9	541	9.4	8	476	1	65	-	-	-	-
Anaheim-Santa Ana-Garden Grove, Calif.	44	3 315	38.6	42	3 204	1	78	1	33	-	-
Atlanta, Ga.	14	1 815	21.6	14	1 815	-	-	-	-	-	-
Baltimore, Md.	27	2 685	16.6	25	2 418	1	104	1	163	-	-
Birmingham, Ala.	15	989	14.1	15	989	-	-	-	-	-	-
Boston-Lowell-Lawrence, Mass., SEA	80	6 452	17.6	73	5 355	5	832	1	97	1	168
Bridgeport-Stamford-Norwalk, Conn., SEA	33	2 710	38.6	32	2 694	-	-	1	16	-	-
Buffalo, N. Y.	11	1 254	9.6	11	1 254	-	-	-	-	-	-
Chicago, Ill.	74	5 715	9.5	57	4 673	4	356	12	673	1	13
Cincinnati, Ohio-Ky., Ind.	39	2 951	22.9	36	2 733	2	163	1	55	-	-
Cleveland, Ohio	36	3 236	17.7	33	3 049	2	172	-	-	1	15
Columbus, Ohio	12	1 024	15.3	11	974	-	-	1	50	-	-
Dallas, Tex.	34	2 803	26.9	28	2 596	3	135	2	56	1	16
Dayton, Ohio	13	799	13.2	10	659	2	90	1	50	-	-
Denver, Colo.	44	3 880	43.2	37	3 582	5	250	1	24	1	24
Detroit, Mich.	55	5 090	15.6	48	4 651	2	128	4	299	1	12
Fort Worth, Tex.	27	1 978	37.4	25	1 787	2	191	-	-	-	-
Gary-Hammond-East Chicago, Ind.	4	467	11.4	4	467	-	-	-	-	-	-
Greensboro-Winston-Salem-High Point, N.C.	8	469	10.5	5	343	-	-	3	126	-	-
Grand Rapids, Mich.	12	1 163	24.9	7	504	1	31	4	628	-	-
Hartford-New Britain-Bristol, Conn., SEA	45	3 514	47.6	42	3 413	1	19	2	82	-	-
Honolulu, Hawaii	11	746	27.3	7	543	3	181	1	22	-	-
Houston, Tex.	42	3 308	31.5	31	2 760	10	478	1	70	-	-
Indianapolis, Ind.	11	837	9.2	11	837	-	-	-	-	-	-
Jersey City, N. J.	3	284	4.3	3	284	-	-	-	-	-	-
Kansas City, Mo.-Kans.	16	764	6.9	9	567	6	185	-	-	1	12
Los Angeles-Long Beach, Calif.	275	21 859	35.6	253	20 518	15	880	6	432	1	29
Louisville, Ky.-Ind.	11	1 018	14.5	10	964	1	54	-	-	-	-
Memphis, Tenn.-Ark.	9	826	13.9	7	702	2	124	-	-	-	-
Miami, Fla.	34	3 009	22.0	28	2 610	3	230	3	169	-	-
Milwaukee, Wis.	37	2 671	20.7	32	2 435	3	176	1	43	1	17
Minneapolis-St. Paul, Minn.	43	3 023	19.7	35	2 584	7	399	1	40	-	-
Nashville, Tenn.	10	1 013	22.5	3	272	5	598	2	143	-	-
New Haven-Meriden-Waterbury, Conn., SEA	63	3 660	49.5	60	3 595	-	-	3	65	-	-
New Orleans, La.	13	867	10.9	11	643	1	29	1	195	-	-
New York, N. Y.	158	20 394	16.8	134	16 207	10	2 585	13	1 592	1	10
Newark, N. J.	18	1 294	7.3	15	1 119	1	100	2	75	-	-
Norfolk-Portsmouth, Va.	11	666	18.1	10	637	1	29	-	-	-	-
Oklahoma City, Okla.	4	326	6.6	1	148	1	10	-	-	2	168
Omaha, Nebr.-Iowa	11	1 161	25.4	5	422	4	491	2	248	-	-
Paterson-Clifton-Passaic, N. J.	4	317	2.5	2	143	2	174	-	-	-	-
Philadelphia, Pa.-N. J.	92	6 686	14.9	76	6 093	5	159	10	424	1	10
Phoenix, Ariz.	19	983	13.4	14	873	5	110	-	-	-	-
Pittsburgh, Pa.	30	3 204	13.0	22	2 435	4	182	4	587	-	-
Portland, Oreg.-Wash.	41	2 845	27.4	37	2 734	2	59	-	-	2	52
Providence-Pawtucket-Warwick, R. I., SEA	13	747	8.5	12	672	-	-	1	75	-	-
Rochester, N. Y.	10	1 491	17.6	6	674	-	-	4	817	-	-
Sacramento, Calif.	31	2 465	42.5	24	1 879	7	586	-	-	-	-
St. Louis, Mo.-Ill.	44	4 094	18.5	39	3 522	4	559	-	-	1	13
Salt Lake City, Utah	11	736	21.1	11	736	-	-	-	-	-	-
San Antonio, Tex.	13	1 135	18.8	10	662	2	288	1	185	-	-
San Bernardino-Riverside-Ontario, Calif.	56	3 740	33.7	50	3 464	6	276	-	-	-	-
San Diego, Calif.	42	3 668	34.9	35	2 874	6	773	-	-	1	21
San Francisco-Oakland, Calif.	130	9 072	32.7	112	7 850	14	1 030	3	81	1	111
San Jose, Calif.	29	2 046	34.5	23	1 844	3	104	3	98	-	-
Seattle-Everett, Wash.	53	3 068	26.2	43	2 618	8	387	1	50	1	13
Springfield-Chicopee-Holyoke, Mass., SEA	10	830	13.5	7	473	2	326	1	31	-	-
Syracuse, N. Y.	5	725	12.2	2	216	-	-	3	509	-	-
Tampa-St. Petersburg, Fla.	38	3 026	17.2	33	2 816	3	177	1	15	1	18
Toledo, Ohio-Mich.	14	1 212	19.2	13	1 156	-	-	1	56	-	-
Washington, D.C.-Md.-Va.	31	4 048	27.3	28	3 727	1	64	2	257	-	-
Worcester, Mass., SEA	19	1 338	18.7	18	1 275	1	63	-	-	-	-
Youngstown-Warren, Ohio	9	451	9.3	8	393	1	58	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
ALL AREAS								
All Facilities								
Total .....	4 653	1 040	545	495	3 181	432	28	404
Less than 25 beds .....	608	272	139	133	249	87	4	83
25 to 49 beds .....	1 203	327	186	141	760	116	5	111
50 to 74 beds .....	1 221	208	110	98	932	81	7	74
75 to 99 beds .....	731	95	44	51	594	42	3	39
100 to 149 beds .....	613	77	41	36	492	44	2	42
150 to 199 beds .....	166	35	17	18	110	21	1	20
200 beds or more .....	111	26	8	18	44	41	6	35
Skilled Nursing Facility <sup>1</sup>								
Total .....	3 776	540	286	254	3 059	177	8	169
Less than 25 beds .....	299	74	39	35	216	9	1	8
25 to 49 beds .....	948	173	105	68	727	48	1	47
50 to 74 beds .....	1 069	124	65	59	905	40	3	37
75 to 99 beds .....	679	74	35	39	581	24	-	24
100 to 149 beds .....	552	49	23	26	479	24	1	23
150 to 199 beds .....	146	25	11	14	109	12	-	12
200 beds or more .....	83	21	8	13	42	20	2	18
Unit of Hospital								
Total .....	645	334	135	199	84	227	15	212
Less than 25 beds .....	248	144	57	87	26	78	3	75
25 to 49 beds .....	185	102	40	62	22	61	4	57
50 to 74 beds .....	109	56	23	33	18	35	2	33
75 to 99 beds .....	33	11	3	8	8	14	1	13
100 to 149 beds .....	43	17	11	6	8	18	1	17
150 to 199 beds .....	10	1	1	-	1	8	1	7
200 beds or more .....	17	3	-	3	1	13	3	10
Unit of Domiciliary Institution								
Total .....	195	144	105	39	24	27	4	23
Less than 25 beds .....	44	39	28	11	5	-	-	-
25 to 49 beds .....	61	50	40	10	4	7	-	7
50 to 74 beds .....	39	26	21	5	8	5	1	4
75 to 99 beds .....	18	10	6	4	4	4	2	2
100 to 149 beds .....	14	9	6	3	3	2	-	2
150 to 199 beds .....	9	8	4	4	-	1	-	1
200 beds or more .....	10	2	-	2	-	8	1	7
Other								
Total .....	37	22	19	3	14	1	1	-
Less than 25 beds .....	17	15	15	-	2	-	-	-
25 to 49 beds .....	9	2	1	1	7	-	-	-
50 to 74 beds .....	4	2	1	1	1	1	1	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	4	2	1	1	2	-	-	-
150 to 199 beds .....	1	1	1	-	-	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
UNITED STATES								
All Facilities								
Total .....	4 647	1 037	544	493	3 181	429	27	402
Less than 25 beds .....	608	272	139	133	249	87	4	83
25 to 49 beds .....	1 200	325	185	140	760	115	5	110
50 to 74 beds .....	1 220	207	110	97	932	81	7	74
75 to 99 beds .....	730	95	44	51	594	41	3	38
100 to 149 beds .....	613	77	41	36	492	44	2	42
150 to 199 beds .....	166	35	17	18	110	21	1	20
200 beds or more .....	110	26	8	18	44	40	5	35
Skilled Nursing Facility <sup>1</sup>								
Total .....	3 775	540	286	254	3 059	176	8	168
Less than 25 beds .....	299	74	39	35	216	9	1	8
25 to 49 beds .....	948	173	105	68	727	48	1	47
50 to 74 beds .....	1 069	124	65	59	905	40	3	37
75 to 99 beds .....	678	74	35	39	581	23	-	23
100 to 149 beds .....	552	49	23	26	479	24	1	23
150 to 199 beds .....	146	25	11	14	109	12	-	12
200 beds or more .....	83	21	8	13	42	20	2	18
Unit of Hospital								
Total .....	640	331	134	197	84	225	14	211
Less than 25 beds .....	248	144	57	87	26	78	3	75
25 to 49 beds .....	182	100	39	61	22	60	4	56
50 to 74 beds .....	108	55	23	32	18	35	2	33
75 to 99 beds .....	33	11	3	8	8	14	1	13
100 to 149 beds .....	43	17	11	6	8	18	1	17
150 to 199 beds .....	10	1	1	-	1	8	1	7
200 beds or more .....	16	3	-	3	1	12	2	10

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
UNITED STATES—Con.								
Unit of Domiciliary Institution								
Total .....	195	144	105	39	24	27	4	23
Less than 25 beds .....	44	39	28	11	5	—	—	—
25 to 49 beds .....	61	50	40	10	4	7	—	7
50 to 74 beds .....	39	26	21	5	8	5	1	4
75 to 99 beds .....	18	10	6	4	4	4	2	2
100 to 149 beds .....	14	9	6	3	3	2	—	2
150 to 199 beds .....	9	8	4	4	—	1	—	1
200 beds or more .....	10	2	—	2	—	8	1	7
Other								
Total .....	37	22	19	3	14	1	1	—
Less than 25 beds .....	17	15	15	—	2	—	—	—
25 to 49 beds .....	9	2	1	1	7	—	—	—
50 to 74 beds .....	4	2	1	1	1	1	1	—
75 to 99 beds .....	1	—	—	—	1	—	—	—
100 to 149 beds .....	4	2	1	1	2	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
200 beds or more .....	1	—	—	—	1	—	—	—
NORTHEASTERN STATES								
All Facilities								
Total .....	931	192	98	94	686	53	7	46
Less than 25 beds .....	98	43	22	21	54	1	1	—
25 to 49 beds .....	243	61	33	28	176	6	1	5
50 to 74 beds .....	206	38	21	17	161	7	1	6
75 to 99 beds .....	130	13	6	7	109	8	2	6
100 to 149 beds .....	168	19	9	10	137	12	1	11
150 to 199 beds .....	43	9	5	4	32	2	—	2
200 beds or more .....	43	9	2	7	17	17	1	16
Skilled Nursing Facility <sup>1</sup>								
Total .....	786	91	53	38	674	21	—	21
Less than 25 beds .....	58	10	6	4	48	—	—	—
25 to 49 beds .....	206	30	18	12	174	2	—	2
50 to 74 beds .....	188	22	14	8	161	5	—	5
75 to 99 beds .....	117	7	5	2	108	2	—	2
100 to 149 beds .....	151	10	5	5	136	5	—	5
150 to 199 beds .....	38	5	3	2	32	1	—	1
200 beds or more .....	28	7	2	5	15	6	—	6
Unit of Hospital								
Total .....	67	41	6	35	8	18	6	12
Less than 25 beds .....	22	16	3	13	5	1	1	—
25 to 49 beds .....	18	15	1	14	1	2	1	1
50 to 74 beds .....	7	5	1	4	—	2	1	—
75 to 99 beds .....	4	1	—	1	—	3	1	2
100 to 149 beds .....	9	3	1	2	1	5	1	4
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	7	1	—	1	1	5	1	4
Unit of Domiciliary Institution								
Total .....	71	55	35	20	2	14	1	13
Less than 25 beds .....	15	14	10	4	1	—	—	—
25 to 49 beds .....	18	16	14	2	—	2	—	2
50 to 74 beds .....	10	10	6	4	—	—	—	—
75 to 99 beds .....	9	5	1	4	1	3	1	2
100 to 149 beds .....	8	6	3	3	—	2	—	2
150 to 199 beds .....	4	3	1	2	—	1	—	1
200 beds or more .....	7	1	—	1	—	6	—	6
Other								
Total .....	7	5	4	1	2	—	—	—
Less than 25 beds .....	3	3	3	—	—	—	—	—
25 to 49 beds .....	1	—	—	—	1	—	—	—
50 to 74 beds .....	1	1	—	1	—	—	—	—
75 to 99 beds .....	—	—	—	—	—	—	—	—
100 to 149 beds .....	—	—	—	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
200 beds or more .....	1	—	—	—	1	—	—	—
NORTH CENTRAL STATES								
All Facilities								
Total .....	1 165	408	233	175	589	168	6	162
Less than 25 beds .....	192	96	56	40	61	35	1	34
25 to 49 beds .....	321	137	77	60	145	39	—	39
50 to 74 beds .....	298	91	52	39	182	25	1	24
75 to 99 beds .....	144	39	21	18	85	20	1	19
100 to 149 beds .....	143	30	22	8	92	21	—	21
150 to 199 beds .....	37	8	4	4	17	12	—	12
200 beds or more .....	30	7	1	6	7	16	3	13

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



## Health Insurance 1967: Participating Extended Care Facilities

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NORTH CENTRAL STATES—Con.								
Skilled Nursing Facility <sup>1</sup>								
Total .....	868	216	118	98	566	86	3	83
Less than 25 beds .....	87	28	14	14	57	2	—	2
25 to 49 beds .....	223	70	41	29	136	17	—	17
50 to 74 beds .....	249	57	32	25	176	16	1	15
75 to 99 beds .....	130	31	15	16	83	16	—	16
100 to 149 beds .....	121	18	12	6	90	13	—	13
150 to 199 beds .....	34	7	3	4	17	10	—	10
200 beds or more .....	24	5	1	4	7	12	2	10
Unit of Hospital								
Total .....	230	139	70	69	13	78	1	77
Less than 25 beds .....	92	56	32	24	3	33	1	32
25 to 49 beds .....	70	46	19	27	3	21	—	21
50 to 74 beds .....	36	24	10	14	3	9	—	9
75 to 99 beds .....	9	4	2	2	2	3	—	3
100 to 149 beds .....	18	8	7	1	2	8	—	8
150 to 199 beds .....	2	—	—	—	—	2	—	2
200 beds or more .....	3	1	—	1	—	2	—	2
Unit of Domiciliary Institution								
Total .....	56	46	39	7	6	4	2	2
Less than 25 beds .....	7	6	4	2	1	—	—	—
25 to 49 beds .....	25	21	17	4	3	1	—	1
50 to 74 beds .....	12	10	10	—	2	—	—	—
75 to 99 beds .....	5	4	4	—	—	1	1	—
100 to 149 beds .....	3	3	3	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
200 beds or more .....	3	1	—	1	—	2	1	1
Other								
Total .....	11	7	6	1	4	—	—	—
Less than 25 beds .....	6	6	6	—	—	—	—	—
25 to 49 beds .....	3	—	—	—	3	—	—	—
50 to 74 beds .....	1	—	—	—	1	—	—	—
75 to 99 beds .....	—	—	—	—	—	—	—	—
100 to 149 beds .....	1	1	—	1	—	—	—	—
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	—	—	—	—	—	—	—	—
SOUTH								
All Facilities								
Total .....	1 176	212	93	119	882	82	5	77
Less than 25 beds .....	119	47	18	29	61	11	1	10
25 to 49 beds .....	300	67	38	29	194	39	2	37
50 to 74 beds .....	358	40	13	27	296	22	2	20
75 to 99 beds .....	162	21	7	14	139	2	—	2
100 to 149 beds .....	171	15	6	9	153	3	—	3
150 to 199 beds .....	42	14	6	8	27	1	—	1
200 beds or more .....	24	8	5	3	12	4	—	4
Skilled Nursing Facility <sup>1</sup>								
Total .....	1 012	139	61	78	832	41	1	40
Less than 25 beds .....	65	18	5	13	47	—	—	—
25 to 49 beds .....	254	43	25	18	187	24	1	23
50 to 74 beds .....	319	26	9	17	282	11	—	11
75 to 99 beds .....	152	19	7	12	132	1	—	1
100 to 149 beds .....	164	15	6	9	146	3	—	3
150 to 199 beds .....	36	10	4	6	26	—	—	—
200 beds or more .....	22	8	5	3	12	2	—	2
Unit of Hospital								
Total .....	124	50	15	35	37	37	3	34
Less than 25 beds .....	42	20	6	14	11	11	1	10
25 to 49 beds .....	36	16	6	10	6	14	1	13
50 to 74 beds .....	31	12	3	9	11	8	1	7
75 to 99 beds .....	7	2	—	2	4	1	—	1
100 to 149 beds .....	4	—	—	—	4	—	—	—
150 to 199 beds .....	2	—	—	—	1	1	—	1
200 beds or more .....	2	—	—	—	—	2	—	2
Unit of Domiciliary Institution								
Total .....	34	21	15	6	10	3	—	3
Less than 25 beds .....	9	7	5	2	2	—	—	—
25 to 49 beds .....	10	8	7	1	1	1	—	1
50 to 74 beds .....	7	2	1	1	3	2	—	2
75 to 99 beds .....	2	—	—	—	2	—	—	—
100 to 149 beds .....	2	—	—	—	2	—	—	—
150 to 199 beds .....	4	4	2	2	—	—	—	—
200 beds or more .....	—	—	—	—	—	—	—	—

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
SOUTH—Con.								
Other								
Total .....	6	2	2	-	3	1	1	-
Less than 25 beds .....	3	2	2	-	1	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	1	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
WEST								
All Facilities								
Total .....	1 375	225	120	105	1 024	126	9	117
Less than 25 beds .....	199	86	43	43	73	40	1	39
25 to 49 beds .....	336	60	37	23	245	31	2	29
50 to 74 beds .....	358	38	24	14	293	27	3	24
75 to 99 beds .....	294	22	10	12	261	11	-	11
100 to 149 beds .....	131	13	4	9	110	8	1	7
150 to 199 beds .....	44	4	2	2	34	6	1	5
200 beds or more .....	13	2	-	2	8	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	1 109	94	54	40	987	28	4	24
Less than 25 beds .....	89	18	14	4	64	7	1	6
25 to 49 beds .....	265	30	21	9	230	5	-	5
50 to 74 beds .....	313	19	10	9	286	8	2	6
75 to 99 beds .....	279	17	8	9	258	4	-	4
100 to 149 beds .....	116	6	-	6	107	3	1	2
150 to 199 beds .....	38	3	1	2	34	1	-	1
200 beds or more .....	9	1	-	1	8	-	-	-
Unit of Hospital								
Total .....	219	101	43	58	26	92	4	88
Less than 25 beds .....	92	52	16	36	7	33	-	33
25 to 49 beds .....	58	23	13	10	12	23	2	21
50 to 74 beds .....	34	14	9	5	4	16	-	16
75 to 99 beds .....	13	4	1	3	2	7	-	7
100 to 149 beds .....	12	6	3	3	1	5	-	5
150 to 199 beds .....	6	1	1	-	-	5	1	4
200 beds or more .....	4	1	-	1	-	3	1	2
Unit of Domiciliary Institution								
Total .....	34	22	16	6	6	6	1	5
Less than 25 beds .....	13	12	9	3	1	-	-	-
25 to 49 beds .....	8	5	2	3	-	3	-	3
50 to 74 beds .....	10	4	4	-	3	3	1	2
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Other								
Total .....	13	8	7	1	5	-	-	-
Less than 25 beds .....	5	4	4	-	1	-	-	-
25 to 49 beds .....	5	2	1	1	3	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	2	1	1	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
NEW ENGLAND								
All Facilities								
Total .....	399	52	23	29	330	17	6	11
Less than 25 beds .....	45	13	6	7	31	1	1	-
25 to 49 beds .....	122	21	10	11	97	4	1	3
50 to 74 beds .....	96	9	4	5	82	5	1	4
75 to 99 beds .....	62	1	-	1	59	2	1	1
100 to 149 beds .....	60	2	-	2	56	2	1	1
150 to 199 beds .....	7	3	2	1	4	-	-	-
200 beds or more .....	7	3	1	2	1	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	366	33	15	18	325	8	-	8
Less than 25 beds .....	31	4	2	2	27	-	-	-
25 to 49 beds .....	113	15	7	8	97	1	-	1
50 to 74 beds .....	95	9	4	5	82	4	-	4
75 to 99 beds .....	59	-	-	-	58	1	-	1
100 to 149 beds .....	58	1	-	1	56	1	-	1
150 to 199 beds .....	6	2	1	1	4	-	-	-
200 beds or more .....	4	2	1	1	1	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NEW ENGLAND—Con.								
Unit of Hospital								
Total .....	20	9	1	8	3	8	6	2
Less than 25 beds .....	9	5	1	4	3	1	1	—
25 to 49 beds .....	4	2	—	2	—	2	1	1
50 to 74 beds .....	1	—	—	—	—	1	1	—
75 to 99 beds .....	1	—	—	—	—	1	1	—
100 to 149 beds .....	2	1	—	1	—	1	1	—
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	3	1	—	1	—	2	1	1
Unit of Domiciliary Institution								
Total .....	12	9	6	3	2	1	—	1
Less than 25 beds .....	5	4	3	1	1	—	—	—
25 to 49 beds .....	5	4	3	1	—	1	—	1
50 to 74 beds .....	—	—	—	—	—	—	—	—
75 to 99 beds .....	2	1	—	1	1	—	—	—
100 to 149 beds .....	—	—	—	—	—	—	—	—
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	—	—	—	—	—	—	—	—
Other								
Total .....	1	1	1	—	—	—	—	—
Less than 25 beds .....	—	—	—	—	—	—	—	—
25 to 49 beds .....	—	—	—	—	—	—	—	—
50 to 74 beds .....	—	—	—	—	—	—	—	—
75 to 99 beds .....	—	—	—	—	—	—	—	—
100 to 149 beds .....	—	—	—	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
200 beds or more .....	—	—	—	—	—	—	—	—
MIDDLE ATLANTIC								
All Facilities								
Total .....	532	140	75	65	356	36	1	35
Less than 25 beds .....	53	30	16	14	23	—	—	—
25 to 49 beds .....	121	40	23	17	79	2	—	2
50 to 74 beds .....	110	29	17	12	79	2	—	2
75 to 99 beds .....	68	12	6	6	50	6	1	5
100 to 149 beds .....	108	17	9	8	81	10	—	10
150 to 199 beds .....	36	6	3	3	28	2	—	2
200 beds or more .....	36	6	1	5	16	14	—	14
Skilled Nursing Facility <sup>1</sup>								
Total .....	420	58	38	20	349	13	—	13
Less than 25 beds .....	27	6	4	2	21	—	—	—
25 to 49 beds .....	93	15	11	4	77	1	—	1
50 to 74 beds .....	93	13	10	3	79	1	—	1
75 to 99 beds .....	58	7	5	2	50	1	—	1
100 to 149 beds .....	93	9	5	4	80	4	—	4
150 to 199 beds .....	32	3	2	1	28	1	—	1
200 beds or more .....	24	5	1	4	14	5	—	5
Unit of Hospital								
Total .....	47	32	5	27	5	10	—	10
Less than 25 beds .....	13	11	2	9	2	—	—	—
25 to 49 beds .....	14	13	1	12	1	—	—	—
50 to 74 beds .....	6	5	1	4	—	1	—	1
75 to 99 beds .....	3	1	—	1	—	2	—	2
100 to 149 beds .....	7	2	1	1	1	4	—	4
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	4	—	—	—	1	3	—	3
Unit of Domiciliary Institution								
Total .....	59	46	29	17	—	13	1	12
Less than 25 beds .....	10	10	7	3	—	—	—	—
25 to 49 beds .....	13	12	11	1	—	1	—	1
50 to 74 beds .....	10	10	6	4	—	—	—	—
75 to 99 beds .....	7	4	1	3	—	3	1	2
100 to 149 beds .....	8	6	3	3	—	2	—	2
150 to 199 beds .....	4	3	1	2	—	1	—	1
200 beds or more .....	7	1	—	1	—	6	—	6
Other								
Total .....	6	4	3	1	2	—	—	—
Less than 25 beds .....	3	3	3	—	—	—	—	—
25 to 49 beds .....	1	—	—	—	1	—	—	—
50 to 74 beds .....	1	1	—	1	—	—	—	—
75 to 99 beds .....	—	—	—	—	—	—	—	—
100 to 149 beds .....	—	—	—	—	—	—	—	—
150 to 199 beds .....	—	—	—	—	—	—	—	—
200 beds or more .....	1	—	—	—	1	—	—	—

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
EAST NORTH CENTRAL								
All Facilities								
Total .....	735	210	120	90	423	102	4	98
Less than 25 beds .....	68	34	21	13	28	6	1	5
25 to 49 beds .....	202	74	43	31	109	19	-	19
50 to 74 beds .....	195	49	26	23	130	16	-	16
75 to 99 beds .....	109	25	13	12	64	20	1	19
100 to 149 beds .....	108	16	13	3	75	17	-	17
150 to 199 beds .....	31	6	3	3	13	12	-	12
200 beds or more .....	22	6	1	5	4	12	2	10
Skilled Nursing Facility <sup>1</sup>								
Total .....	593	113	58	55	408	72	1	71
Less than 25 beds .....	38	12	7	5	25	1	-	1
25 to 49 beds .....	150	37	19	18	103	10	-	10
50 to 74 beds .....	167	27	14	13	127	13	-	13
75 to 99 beds .....	97	18	8	10	63	16	-	16
100 to 149 beds .....	94	9	7	2	73	12	-	12
150 to 199 beds .....	28	5	2	3	13	10	-	10
200 beds or more .....	19	5	1	4	4	10	1	9
Unit of Hospital								
Total .....	92	56	26	30	8	28	1	27
Less than 25 beds .....	19	12	6	6	2	5	1	4
25 to 49 beds .....	33	23	11	12	1	9	-	9
50 to 74 beds .....	19	14	4	10	2	3	-	3
75 to 99 beds .....	8	4	2	2	1	3	-	3
100 to 149 beds .....	10	3	3	-	2	5	-	5
150 to 199 beds .....	2	-	-	-	-	2	-	2
200 beds or more .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	43	36	32	4	5	2	2	-
Less than 25 beds .....	7	6	4	2	1	-	-	-
25 to 49 beds .....	17	14	13	1	3	-	-	-
50 to 74 beds .....	9	8	8	-	1	-	-	-
75 to 99 beds .....	4	3	3	-	-	1	1	-
100 to 149 beds .....	3	3	3	-	-	-	-	-
150 to 199 beds .....	1	1	1	-	-	-	-	-
200 beds or more .....	2	1	-	1	-	1	1	-
Other								
Total .....	7	5	4	1	2	-	-	-
Less than 25 beds .....	4	4	4	-	-	-	-	-
25 to 49 beds .....	2	-	-	-	2	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	1	1	-	1	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
WEST NORTH CENTRAL								
All Facilities								
Total .....	430	198	113	85	166	66	2	64
Less than 25 beds .....	124	62	35	27	33	29	-	29
25 to 49 beds .....	119	63	34	29	36	20	-	20
50 to 74 beds .....	103	42	26	16	52	9	1	8
75 to 99 beds .....	35	14	8	6	21	-	-	-
100 to 149 beds .....	35	14	9	5	17	4	-	4
150 to 199 beds .....	6	2	1	1	4	-	-	-
200 beds or more .....	8	1	-	1	3	4	1	3
Skilled Nursing Facility <sup>1</sup>								
Total .....	275	103	60	43	158	14	2	12
Less than 25 beds .....	49	16	7	9	32	1	-	1
25 to 49 beds .....	73	33	22	11	33	7	-	7
50 to 74 beds .....	82	30	18	12	49	3	1	2
75 to 99 beds .....	33	13	7	6	20	-	-	-
100 to 149 beds .....	27	9	5	4	17	1	-	1
150 to 199 beds .....	6	2	1	1	4	-	-	-
200 beds or more .....	5	-	-	-	3	2	1	1
Unit of Hospital								
Total .....	138	83	44	39	5	50	-	50
Less than 25 beds .....	73	44	26	18	1	28	-	28
25 to 49 beds .....	37	23	8	15	2	12	-	12
50 to 74 beds .....	17	10	6	4	1	6	-	6
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	8	5	4	1	-	3	-	3
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	2	1	-	1	-	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
WEST NORTH CENTRAL—Con.								
Unit of Domiciliary Institution								
Total .....	13	10	7	3	1	2	-	2
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	8	7	4	3	-	1	-	1
50 to 74 beds .....	3	2	2	-	1	-	-	-
75 to 99 beds .....	1	1	1	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1
Other								
Total .....	4	2	2	-	2	-	-	-
Less than 25 beds .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
SOUTH ATLANTIC								
All Facilities								
Total .....	473	95	35	60	359	19	2	17
Less than 25 beds .....	32	14	5	9	18	-	-	-
25 to 49 beds .....	112	33	18	15	66	13	1	12
50 to 74 beds .....	128	19	2	17	107	2	1	1
75 to 99 beds .....	83	9	1	8	74	-	-	-
100 to 149 beds .....	79	7	2	5	70	2	-	2
150 to 199 beds .....	26	8	4	4	18	-	-	-
200 beds or more .....	13	5	3	2	6	2	-	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	417	63	24	39	344	10	-	10
Less than 25 beds .....	22	5	1	4	17	-	-	-
25 to 49 beds .....	93	21	13	8	66	6	-	6
50 to 74 beds .....	112	10	1	9	102	-	-	-
75 to 99 beds .....	78	9	1	8	69	-	-	-
100 to 149 beds .....	75	7	2	5	66	2	-	2
150 to 199 beds .....	24	6	3	3	18	-	-	-
200 beds or more .....	13	5	3	2	6	2	-	2
Unit of Hospital								
Total .....	39	20	3	17	11	8	1	7
Less than 25 beds .....	5	5	1	4	-	-	-	-
25 to 49 beds .....	15	8	2	6	-	7	1	6
50 to 74 beds .....	13	7	-	7	5	1	-	1
75 to 99 beds .....	3	-	-	-	3	-	-	-
100 to 149 beds .....	3	-	-	-	3	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	15	11	7	4	4	-	-	-
Less than 25 beds .....	4	3	2	1	1	-	-	-
25 to 49 beds .....	4	4	3	1	-	-	-	-
50 to 74 beds .....	2	2	1	1	-	-	-	-
75 to 99 beds .....	2	-	-	-	2	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	2	2	1	1	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Other								
Total .....	2	1	1	-	-	1	1	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	1	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
EAST SOUTH CENTRAL								
All Facilities								
Total .....	223	31	13	18	154	38	-	38
Less than 25 beds .....	8	2	1	1	2	4	-	4
25 to 49 beds .....	79	15	9	6	47	17	-	17
50 to 74 beds .....	66	6	1	5	47	13	-	13
75 to 99 beds .....	33	2	-	2	30	1	-	1
100 to 149 beds .....	29	4	2	2	24	1	-	1
150 to 199 beds .....	6	2	-	2	3	1	-	1
200 beds or more .....	2	-	-	-	1	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
EAST SOUTH CENTRAL—Con.								
Skilled Nursing Facility <sup>1</sup>								
Total .....	195	24	9	15	148	23	-	23
Less than 25 beds .....	3	1	1	-	2	-	-	-
25 to 49 beds .....	70	10	6	4	45	15	-	15
50 to 74 beds .....	57	5	-	5	45	7	-	7
75 to 99 beds .....	31	2	-	2	29	-	-	-
100 to 149 beds .....	28	4	2	2	23	1	-	1
150 to 199 beds .....	5	2	-	2	3	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	24	5	2	3	5	14	-	14
Less than 25 beds .....	5	1	-	1	-	4	-	4
25 to 49 beds .....	7	3	1	2	2	2	-	2
50 to 74 beds .....	8	1	1	-	2	5	-	5
75 to 99 beds .....	2	-	-	-	1	1	-	1
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	1	-	-	-	-	1	-	1
200 beds or more .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	4	2	2	-	1	1	-	1
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	2	2	2	-	-	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	-	1
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL								
All Facilities								
Total .....	480	86	45	41	369	25	3	22
Less than 25 beds .....	79	31	12	19	41	7	1	6
25 to 49 beds .....	109	19	11	8	81	9	1	8
50 to 74 beds .....	164	15	10	5	142	7	1	6
75 to 99 beds .....	46	10	6	4	35	1	-	1
100 to 149 beds .....	63	4	2	2	59	-	-	-
150 to 199 beds .....	10	4	2	2	6	-	-	-
200 beds or more .....	9	3	2	1	5	1	-	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	400	52	28	24	340	8	1	7
Less than 25 beds .....	40	12	3	9	28	-	-	-
25 to 49 beds .....	91	12	6	6	76	3	1	2
50 to 74 beds .....	150	11	8	3	135	4	-	4
75 to 99 beds .....	43	8	6	2	34	1	-	1
100 to 149 beds .....	61	4	2	2	57	-	-	-
150 to 199 beds .....	7	2	1	1	5	-	-	-
200 beds or more .....	8	3	2	1	5	-	-	-
Unit of Hospital								
Total .....	61	25	10	15	21	15	2	13
Less than 25 beds .....	32	14	5	9	11	7	1	6
25 to 49 beds .....	14	5	3	2	4	5	-	5
50 to 74 beds .....	10	4	2	2	4	2	1	1
75 to 99 beds .....	2	2	-	2	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	15	8	6	2	5	2	-	2
Less than 25 beds .....	5	4	3	1	1	-	-	-
25 to 49 beds .....	4	2	2	-	1	1	-	1
50 to 74 beds .....	4	-	-	-	3	1	-	1
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	2	2	1	1	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
WEST SOUTH CENTRAL—Con.								
Other								
Total .....	4	1	1	-	3	-	-	-
Less than 25 beds .....	2	1	1	-	1	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
MOUNTAIN								
All Facilities								
Total .....	276	69	29	40	169	38	3	35
Less than 25 beds .....	61	33	12	21	16	12	-	12
25 to 49 beds .....	63	15	7	8	40	8	-	8
50 to 74 beds .....	68	9	5	4	46	13	1	12
75 to 99 beds .....	40	9	5	4	28	3	-	3
100 to 149 beds .....	38	3	-	3	34	1	1	-
150 to 199 beds .....	5	-	-	-	4	1	1	-
200 beds or more .....	1	-	-	-	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	200	25	13	12	160	15	2	13
Less than 25 beds .....	21	5	4	1	14	2	-	2
25 to 49 beds .....	43	5	2	3	36	2	-	2
50 to 74 beds .....	58	6	3	3	45	7	1	6
75 to 99 beds .....	38	7	4	3	28	3	-	3
100 to 149 beds .....	35	2	-	2	32	1	1	-
150 to 199 beds .....	4	-	-	-	4	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	63	36	11	25	7	20	1	19
Less than 25 beds .....	35	23	4	19	2	10	-	10
25 to 49 beds .....	15	7	4	3	4	4	-	4
50 to 74 beds .....	8	3	2	1	-	5	-	5
75 to 99 beds .....	2	2	1	1	-	-	-	-
100 to 149 beds .....	2	1	-	1	1	-	-	-
150 to 199 beds .....	1	-	-	-	-	1	1	-
200 beds or more .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	10	6	4	2	1	3	-	3
Less than 25 beds .....	4	4	3	1	-	-	-	-
25 to 49 beds .....	4	2	1	1	-	2	-	2
50 to 74 beds .....	2	-	-	-	1	1	-	1
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Other								
Total .....	3	2	1	1	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
PACIFIC								
All Facilities								
Total .....	1 099	156	91	65	855	88	6	82
Less than 25 beds .....	138	53	31	22	57	28	1	27
25 to 49 beds .....	273	45	30	15	205	23	2	21
50 to 74 beds .....	290	29	19	10	247	14	2	12
75 to 99 beds .....	254	13	5	8	233	8	-	8
100 to 149 beds .....	93	10	4	6	76	7	-	7
150 to 199 beds .....	39	4	2	2	30	5	-	5
200 beds or more .....	12	2	-	2	7	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	909	69	41	28	827	13	2	11
Less than 25 beds .....	68	13	10	3	50	5	1	4
25 to 49 beds .....	222	25	19	6	194	3	-	3
50 to 74 beds .....	255	13	7	6	241	1	1	-
75 to 99 beds .....	241	10	4	6	230	1	-	1
100 to 149 beds .....	81	4	-	4	75	2	-	2
150 to 199 beds .....	34	3	1	2	30	1	-	1
200 beds or more .....	8	1	-	1	7	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
PACIFIC—Con.								
Unit of Hospital								
Total .....	156	65	32	33	19	72	3	69
Less than 25 beds .....	57	29	12	17	5	23	-	23
25 to 49 beds .....	43	16	9	7	8	19	2	17
50 to 74 beds .....	26	11	7	4	4	11	-	11
75 to 99 beds .....	11	2	-	2	2	7	-	7
100 to 149 beds .....	10	5	3	2	-	5	-	5
150 to 199 beds .....	5	1	1	-	-	4	-	4
200 beds or more .....	4	1	-	1	-	3	1	2
Unit of Domiciliary Institution								
Total .....	24	16	12	4	5	3	1	2
Less than 25 beds .....	9	8	6	2	1	-	-	-
25 to 49 beds .....	4	3	1	2	-	1	-	1
50 to 74 beds .....	8	4	4	-	2	2	1	1
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Other								
Total .....	10	6	6	-	4	-	-	-
Less than 25 beds .....	4	3	3	-	1	-	-	-
25 to 49 beds .....	4	1	1	-	3	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
ALABAMA								
All Facilities								
Total .....	92	7	3	4	70	15	-	15
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	35	5	3	2	20	10	-	10
50 to 74 beds .....	25	1	-	1	20	4	-	4
75 to 99 beds .....	16	1	-	1	15	-	-	-
100 to 149 beds .....	15	-	-	-	14	1	-	1
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	90	6	2	4	70	14	-	14
25 to 49 beds .....	34	4	2	2	20	10	-	10
50 to 74 beds .....	24	1	-	1	20	3	-	3
75 to 99 beds .....	16	1	-	1	15	-	-	-
100 to 149 beds .....	15	-	-	-	14	1	-	1
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	1	-	-	-	-	1	-	1
50 to 74 beds .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
ALASKA								
All Facilities								
Total .....	6	4	2	2	1	1	1	-
Less than 25 beds .....	4	4	2	2	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	1	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

Health Insurance 1967: Participating Extended Care Facilities

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
ALASKA—Con.								
Unit of Hospital								
Total .....	4	4	2	2	-	-	-	-
Less than 25 beds .....	4	4	2	2	-	-	-	-
Unit of Domiciliary Institution								
Total .....	1	-	-	-	-	1	1	-
50 to 74 beds .....	1	-	-	-	-	1	1	
Other								
Total .....	-	-	-	-	-	-	-	-
ARIZONA								
All Facilities								
Total .....	42	12	3	9	27	3	-	3
Less than 25 beds .....	5	4	1	3	-	1	-	1
25 to 49 beds .....	14	2	-	2	11	1	-	1
50 to 74 beds .....	10	2	1	1	7	1	-	1
75 to 99 beds .....	8	3	1	2	5	-	-	-
100 to 149 beds .....	5	1	-	1	4	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	31	5	3	2	25	1	-	1
Less than 25 beds .....	2	1	1	-	-	1	-	1
25 to 49 beds .....	9	-	-	-	9	-	-	-
50 to 74 beds .....	8	1	1	-	7	-	-	-
75 to 99 beds .....	8	3	1	2	5	-	-	-
100 to 149 beds .....	4	-	-	-	4	-	-	-
Unit of Hospital								
Total .....	11	7	-	7	2	2	-	2
Less than 25 beds .....	3	3	-	3	-	-	-	-
25 to 49 beds .....	5	2	-	2	2	1	-	1
50 to 74 beds .....	2	1	-	1	-	1	-	1
100 to 149 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
ARKANSAS								
All Facilities								
Total .....	35	10	4	6	18	7	-	7
Less than 25 beds .....	7	4	2	2	2	1	-	1
25 to 49 beds .....	10	4	1	3	2	4	-	4
50 to 74 beds .....	7	1	-	1	4	2	-	2
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	8	-	-	-	8	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	23	5	2	3	16	2	-	2
Less than 25 beds .....	4	2	1	1	2	-	-	-
25 to 49 beds .....	5	2	-	2	2	1	-	1
50 to 74 beds .....	3	-	-	-	2	1	-	1
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	8	-	-	-	8	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	10	5	2	3	1	4	-	4
Less than 25 beds .....	3	2	1	1	-	1	-	1
25 to 49 beds .....	5	2	1	1	-	3	-	3
50 to 74 beds .....	2	1	-	1	1	-	-	-
Unit of Domiciliary Institution								
Total .....	2	-	-	-	1	1	-	1
50 to 74 beds .....	2	-	-	-	1	1	-	1
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
CALIFORNIA								
All Facilities								
Total .....	823	86	46	40	681	56	3	53
Less than 25 beds .....	56	24	10	14	25	7	-	7
25 to 49 beds .....	206	27	18	9	161	18	1	17
50 to 74 beds .....	238	16	12	4	210	12	1	11
75 to 99 beds .....	204	5	2	3	192	7	-	7
100 to 149 beds .....	77	9	3	6	62	6	-	6
150 to 199 beds .....	31	3	1	2	25	3	-	3
200 beds or more .....	11	2	-	2	6	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	703	37	18	19	660	6	1	5
Less than 25 beds .....	29	6	3	3	22	1	-	1
25 to 49 beds .....	170	15	10	5	153	2	-	2
50 to 74 beds .....	211	6	4	2	204	1	1	-
75 to 99 beds .....	192	3	1	2	189	-	-	-
100 to 149 beds .....	67	4	-	4	61	2	-	2
150 to 199 beds .....	27	2	-	2	25	-	-	-
200 beds or more .....	7	1	-	1	6	-	-	-
Unit of Hospital								
Total .....	99	34	17	17	16	49	2	47
Less than 25 beds .....	21	12	3	9	3	6	-	6
25 to 49 beds .....	30	8	6	2	7	15	1	14
50 to 74 beds .....	22	7	5	2	4	11	-	11
75 to 99 beds .....	10	1	-	1	2	7	-	7
100 to 149 beds .....	8	4	2	2	-	4	-	4
150 to 199 beds .....	4	1	1	-	-	3	-	3
200 beds or more .....	4	1	-	1	-	3	1	2
Unit of Domiciliary Institution								
Total .....	17	12	8	4	4	1	-	1
Less than 25 beds .....	5	5	3	2	-	-	-	-
25 to 49 beds .....	4	3	1	2	-	1	-	1
50 to 74 beds .....	5	3	3	-	2	-	-	-
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Other								
Total .....	4	3	3	-	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
COLORADO								
All Facilities								
Total .....	94	19	8	11	71	4	1	3
Less than 25 beds .....	15	10	3	7	3	2	-	2
25 to 49 beds .....	19	4	2	2	15	-	-	-
50 to 74 beds .....	21	4	2	2	16	1	1	-
75 to 99 beds .....	14	1	1	-	12	1	-	1
100 to 149 beds .....	21	-	-	-	21	-	-	-
150 to 199 beds .....	3	-	-	-	3	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	77	6	3	3	69	2	1	1
Less than 25 beds .....	4	1	1	-	3	-	-	-
25 to 49 beds .....	15	1	-	1	14	-	-	-
50 to 74 beds .....	20	3	1	2	16	1	1	-
75 to 99 beds .....	14	1	1	-	12	1	-	1
100 to 149 beds .....	20	-	-	-	20	-	-	-
150 to 199 beds .....	3	-	-	-	3	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	14	10	3	7	2	2	-	2
Less than 25 beds .....	8	6	-	6	-	2	-	2
25 to 49 beds .....	4	3	2	1	1	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Domiciliary Institution								
Total .....	2	2	1	1	-	-	-	-
Less than 25 beds .....	2	2	1	1	-	-	-	-
Other								
Total .....	1	1	1	-	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
CONNECTICUT								
All Facilities								
Total .....	189	19	12	7	164	6	-	6
Less than 25 beds .....	24	5	4	1	19	-	-	-
25 to 49 beds .....	64	7	6	1	57	-	-	-
50 to 74 beds .....	37	3	1	2	31	3	-	3
75 to 99 beds .....	29	-	-	-	28	1	-	1
100 to 149 beds .....	27	1	-	1	25	1	-	1
150 to 199 beds .....	5	2	1	1	3	-	-	-
200 beds or more .....	3	1	-	1	1	1	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	180	12	7	5	162	6	-	6
Less than 25 beds .....	18	1	1	-	17	-	-	-
25 to 49 beds .....	61	4	4	-	57	-	-	-
50 to 74 beds .....	37	3	1	2	31	3	-	3
75 to 99 beds .....	29	-	-	-	28	1	-	1
100 to 149 beds .....	27	1	-	1	25	1	-	1
150 to 199 beds .....	5	2	1	1	3	-	-	-
200 beds or more .....	3	1	-	1	1	1	-	1
Unit of Hospital								
Total .....	1	-	-	-	1	-	-	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
Unit of Domiciliary Institution								
Total .....	8	7	5	2	1	-	-	-
Less than 25 beds .....	5	4	3	1	1	-	-	-
25 to 49 beds .....	3	3	2	1	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
DELAWARE								
All Facilities								
Total .....	9	6	2	4	3	-	-	-
Less than 25 beds .....	1	1	-	1	-	-	-	-
25 to 49 beds .....	2	2	1	1	-	-	-	-
50 to 74 beds .....	4	2	1	1	2	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	2	1	-	1	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	6	3	-	3	3	-	-	-
Less than 25 beds .....	1	1	-	1	-	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	2	-	-	-	2	-	-	-
100 to 149 beds .....	2	1	-	1	1	-	-	-
Unit of Hospital								
Total .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
DISTRICT OF COLUMBIA								
All Facilities								
Total .....	7	4	1	3	2	1	-	1
Less than 25 beds .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	4	3	1	2	1	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
DISTRICT OF COLUMBIA—Con.								
Skilled Nursing Facility¹								
Total .....	5	2	—	2	2	1	—	1
Less than 25 beds .....	1	—	—	—	1	—	—	—
150 to 199 beds .....	3	2	—	2	1	—	—	—
200 beds or more .....	1	—	—	—	—	1	—	1
Unit of Hospital								
Total .....	1	1	—	1	—	—	—	—
50 to 74 beds .....	1	1	—	1	—	—	—	—
Unit of Domiciliary Institution								
Total .....	1	1	1	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
Other								
Total .....	—	—	—	—	—	—	—	—
FLORIDA								
All Facilities								
Total .....	159	33	17	16	124	2	—	2
Less than 25 beds .....	10	6	4	2	4	—	—	—
25 to 49 beds .....	36	16	9	7	19	1	—	1
50 to 74 beds .....	46	5	1	4	41	—	—	—
75 to 99 beds .....	26	2	1	1	24	—	—	—
100 to 149 beds .....	27	3	1	2	23	1	—	1
150 to 199 beds .....	10	—	—	—	10	—	—	—
200 beds or more .....	4	1	1	—	3	—	—	—
Skilled Nursing Facility¹								
Total .....	139	24	12	12	114	1	—	1
Less than 25 beds .....	6	2	1	1	4	—	—	—
25 to 49 beds .....	31	12	7	5	19	—	—	—
50 to 74 beds .....	41	4	1	3	37	—	—	—
75 to 99 beds .....	23	2	1	1	21	—	—	—
100 to 149 beds .....	24	3	1	2	20	1	—	1
150 to 199 beds .....	10	—	—	—	10	—	—	—
200 beds or more .....	4	1	1	—	3	—	—	—
Unit of Hospital								
Total .....	13	4	1	3	8	1	—	1
25 to 49 beds .....	4	3	1	2	—	1	—	1
50 to 74 beds .....	5	1	—	1	4	—	—	—
75 to 99 beds .....	2	—	—	—	2	—	—	—
100 to 149 beds .....	2	—	—	—	2	—	—	—
Unit of Domiciliary Institution								
Total .....	6	4	3	1	2	—	—	—
Less than 25 beds .....	3	3	2	1	—	—	—	—
25 to 49 beds .....	1	1	1	—	—	—	—	—
75 to 99 beds .....	1	—	—	—	1	—	—	—
100 to 149 beds .....	1	—	—	—	1	—	—	—
Other								
Total .....	1	1	1	—	—	—	—	—
Less than 25 beds .....	1	1	1	—	—	—	—	—
GEORGIA								
All Facilities								
Total .....	74	6	3	3	61	7	—	7
Less than 25 beds .....	—	—	—	—	—	—	—	—
25 to 49 beds .....	17	—	—	—	10	7	—	7
50 to 74 beds .....	29	2	—	2	27	—	—	—
75 to 99 beds .....	8	—	—	—	8	—	—	—
100 to 149 beds .....	14	1	1	—	13	—	—	—
150 to 199 beds .....	3	2	2	—	1	—	—	—
200 beds or more .....	3	1	—	1	2	—	—	—
Skilled Nursing Facility¹								
Total .....	67	5	3	2	60	2	—	2
25 to 49 beds .....	12	—	—	—	10	2	—	2
50 to 74 beds .....	27	1	—	1	26	—	—	—
75 to 99 beds .....	8	—	—	—	8	—	—	—
100 to 149 beds .....	14	1	1	—	13	—	—	—
150 to 199 beds .....	3	2	2	—	1	—	—	—
200 beds or more .....	3	1	—	1	2	—	—	—

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
GEORGIA—Con.								
Unit of Hospital								
Total .....	7	1	-	1	1	5	-	5
25 to 49 beds .....	5	-	-	-	-	5	-	5
50 to 74 beds .....	2	1	-	1	1	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
HAWAII								
All Facilities								
Total .....	16	8	3	5	4	4	2	2
Less than 25 beds .....	2	1	1	-	-	1	1	-
25 to 49 beds .....	7	3	2	1	2	2	1	1
50 to 74 beds .....	2	1	-	1	1	-	-	-
75 to 99 beds .....	3	3	-	3	-	-	-	-
100 to 149 beds .....	1	-	-	-	-	1	-	1
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	9	4	2	2	4	1	1	-
Less than 25 beds .....	1	-	-	-	-	1	1	-
25 to 49 beds .....	4	2	2	-	2	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	2	2	-	2	-	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	6	3	-	3	-	3	1	2
25 to 49 beds .....	3	1	-	1	-	2	1	1
50 to 74 beds .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	1	1	-	1	-	-	-	-
100 to 149 beds .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	1	1	1	-	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
IDAHO								
All Facilities								
Total .....	40	4	2	2	24	12	-	12
Less than 25 beds .....	5	-	-	-	3	2	-	2
25 to 49 beds .....	10	2	1	1	3	5	-	5
50 to 74 beds .....	11	-	-	-	8	3	-	3
75 to 99 beds .....	11	2	1	1	7	2	-	2
100 to 149 beds .....	3	-	-	-	3	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	30	1	-	1	22	7	-	7
Less than 25 beds .....	4	-	-	-	3	1	-	1
25 to 49 beds .....	5	-	-	-	3	2	-	2
50 to 74 beds .....	9	-	-	-	7	2	-	2
75 to 99 beds .....	10	1	-	1	7	2	-	2
100 to 149 beds .....	2	-	-	-	2	-	-	-
Unit of Hospital								
Total .....	5	2	2	-	-	3	-	3
Less than 25 beds .....	1	-	-	-	-	1	-	1
25 to 49 beds .....	2	1	1	-	-	1	-	1
50 to 74 beds .....	1	-	-	-	-	1	-	1
75 to 99 beds .....	1	1	1	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	3	-	-	-	1	2	-	2
25 to 49 beds .....	2	-	-	-	-	2	-	2
50 to 74 beds .....	1	-	-	-	1	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
IDAHO—Con.								
Other								
Total .....	2	1	-	1	1	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
ILLINOIS								
All Facilities								
Total .....	173	48	29	19	110	15	1	14
Less than 25 beds .....	16	8	5	3	4	4	1	3
25 to 49 beds .....	56	17	12	5	37	2	-	2
50 to 74 beds .....	49	14	9	5	34	1	-	1
75 to 99 beds .....	24	6	2	4	15	3	-	3
100 to 149 beds .....	21	2	1	1	18	1	-	1
150 to 199 beds .....	3	-	-	-	2	1	-	1
200 beds or more .....	4	1	-	1	-	3	-	3
Skilled Nursing Facility <sup>1</sup>								
Total .....	134	19	7	12	106	9	-	9
Less than 25 beds .....	4	1	-	1	3	-	-	-
25 to 49 beds .....	43	6	2	4	36	1	-	1
50 to 74 beds .....	42	8	5	3	33	1	-	1
75 to 99 beds .....	21	3	-	3	15	3	-	3
100 to 149 beds .....	18	1	-	1	17	-	-	-
150 to 199 beds .....	3	-	-	-	2	1	-	1
200 beds or more .....	3	-	-	-	-	3	-	3
Unit of Hospital								
Total .....	19	11	5	6	2	6	1	5
Less than 25 beds .....	7	3	1	2	-	4	1	3
25 to 49 beds .....	3	2	1	1	-	1	-	1
50 to 74 beds .....	5	4	2	2	1	-	-	-
75 to 99 beds .....	2	2	1	1	-	-	-	-
100 to 149 beds .....	2	-	-	-	1	1	-	1
Unit of Domiciliary Institution								
Total .....	19	17	16	1	2	-	-	-
Less than 25 beds .....	4	3	3	-	1	-	-	-
25 to 49 beds .....	10	9	9	-	1	-	-	-
50 to 74 beds .....	2	2	2	-	-	-	-	-
75 to 99 beds .....	1	1	1	-	-	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
200 beds or more .....	1	1	-	1	-	-	-	-
Other								
Total .....	1	1	1	-	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
INDIANA								
All Facilities								
Total .....	62	13	10	3	45	4	-	4
Less than 25 beds .....	4	1	-	1	2	1	-	1
25 to 49 beds .....	18	6	5	1	12	-	-	-
50 to 74 beds .....	15	3	2	1	12	-	-	-
75 to 99 beds .....	12	3	3	-	8	1	-	1
100 to 149 beds .....	9	-	-	-	9	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	3	-	-	-	1	2	-	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	55	8	5	3	44	3	-	3
Less than 25 beds .....	3	1	-	1	2	-	-	-
25 to 49 beds .....	14	2	1	1	12	-	-	-
50 to 74 beds .....	14	3	2	1	11	-	-	-
75 to 99 beds .....	11	2	2	-	8	1	-	1
100 to 149 beds .....	9	-	-	-	9	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	3	-	-	-	1	2	-	2
Unit of Hospital								
Total .....	5	3	3	-	1	1	-	1
Less than 25 beds .....	1	-	-	-	-	1	-	1
25 to 49 beds .....	2	2	2	-	-	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	1	1	1	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	2	2	2	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

Health Insurance 1967: Participating Extended Care Facilities

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
INDIANA—Con.								
Other								
Total .....	-	-	-	-	-	-	-	-
IOWA								
All Facilities								
Total .....	70	21	10	11	38	11	1	10
Less than 25 beds .....	6	2	1	1	2	2	-	2
25 to 49 beds .....	21	7	2	5	9	5	-	5
50 to 74 beds .....	36	9	6	3	23	4	1	3
75 to 99 beds .....	7	3	1	2	4	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	49	12	5	7	35	2	1	1
Less than 25 beds .....	3	1	-	1	2	-	-	-
25 to 49 beds .....	13	4	2	2	8	1	-	1
50 to 74 beds .....	26	4	2	2	21	1	1	-
75 to 99 beds .....	7	3	1	2	4	-	-	-
Unit of Hospital								
Total .....	17	7	4	3	1	9	-	9
Less than 25 beds .....	3	1	1	-	-	2	-	2
25 to 49 beds .....	6	2	-	2	-	4	-	4
50 to 74 beds .....	8	4	3	1	1	3	-	3
Unit of Domiciliary Institution								
Total .....	2	2	1	1	-	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	2	-	-	-	2	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
KANSAS								
All Facilities								
Total .....	73	28	17	11	24	21	-	21
Less than 25 beds .....	45	19	12	7	8	18	-	18
25 to 49 beds .....	13	7	5	2	4	2	-	2
50 to 74 beds .....	7	2	-	2	5	-	-	-
75 to 99 beds .....	5	-	-	-	5	-	-	-
100 to 149 beds .....	3	-	-	-	2	1	-	1
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	31	6	2	4	22	3	-	3
Less than 25 beds .....	11	3	-	3	7	1	-	1
25 to 49 beds .....	7	2	2	-	4	1	-	1
50 to 74 beds .....	6	1	-	1	5	-	-	-
75 to 99 beds .....	4	-	-	-	4	-	-	-
100 to 149 beds .....	3	-	-	-	2	1	-	1
Unit of Hospital								
Total .....	42	22	15	7	2	18	-	18
Less than 25 beds .....	34	16	12	4	1	17	-	17
25 to 49 beds .....	6	5	3	2	-	1	-	1
50 to 74 beds .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
KENTUCKY								
All Facilities								
Total .....	56	12	3	9	38	6	-	6
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	19	4	1	3	13	2	-	2
50 to 74 beds .....	20	3	-	3	13	4	-	4
75 to 99 beds .....	5	-	-	-	5	-	-	-
100 to 149 beds .....	10	3	2	1	7	-	-	-
150 to 199 beds .....	2	2	-	2	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	49	10	3	7	37	2	-	2
25 to 49 beds .....	15	2	1	1	12	1	-	1
50 to 74 beds .....	17	3	-	3	13	1	-	1
75 to 99 beds .....	5	-	-	-	5	-	-	-
100 to 149 beds .....	10	3	2	1	7	-	-	-
150 to 199 beds .....	2	2	-	2	-	-	-	-
Unit of Hospital								
Total .....	6	2	-	2	1	3	-	3
25 to 49 beds .....	4	2	-	2	1	1	-	1
50 to 74 beds .....	2	-	-	-	-	2	-	2
Unit of Domiciliary Institution								
Total .....	1	-	-	-	-	1	-	1
50 to 74 beds .....	1	-	-	-	-	1	-	1
Other								
Total .....	-	-	-	-	-	-	-	-
LOUISIANA								
All Facilities								
Total .....	123	16	8	8	104	3	1	2
Less than 25 beds .....	16	3	-	3	13	-	-	-
25 to 49 beds .....	28	3	1	2	24	1	-	1
50 to 74 beds .....	53	6	4	2	45	2	1	1
75 to 99 beds .....	9	1	1	-	8	-	-	-
100 to 149 beds .....	15	2	2	-	13	-	-	-
150 to 199 beds .....	1	1	-	1	-	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	116	14	8	6	101	1	-	1
Less than 25 beds .....	15	3	-	3	12	-	-	-
25 to 49 beds .....	25	2	1	1	22	1	-	1
50 to 74 beds .....	51	6	4	2	45	-	-	-
75 to 99 beds .....	9	1	1	-	8	-	-	-
100 to 149 beds .....	15	2	2	-	13	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	5	1	-	1	2	2	1	1
25 to 49 beds .....	3	1	-	1	2	-	-	-
50 to 74 beds .....	2	-	-	-	-	2	1	1
Unit of Domiciliary Institution								
Total .....	2	1	-	1	1	-	-	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	1	-	1	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
MAINE								
All Facilities								
Total .....	24	9	2	7	13	2	-	2
Less than 25 beds .....	7	4	1	3	3	-	-	-
25 to 49 beds .....	9	5	1	4	3	1	-	1
50 to 74 beds .....	8	-	-	-	7	1	-	1
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
MAINE—Con.								
Skilled Nursing Facility <sup>1</sup>								
Total .....	17	3	1	2	13	1	-	1
Less than 25 beds .....	3	-	-	-	3	-	-	-
25 to 49 beds .....	6	3	1	2	3	-	-	-
50 to 74 beds .....	8	-	-	-	7	1	-	1
Unit of Hospital								
Total .....	7	6	1	5	-	1	-	1
Less than 25 beds .....	4	4	1	3	-	-	-	-
25 to 49 beds .....	3	2	-	2	-	1	-	1
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
MARYLAND								
All Facilities								
Total .....	52	8	2	6	43	1	-	1
Less than 25 beds .....	3	-	-	-	3	-	-	-
25 to 49 beds .....	5	-	-	-	4	1	-	1
50 to 74 beds .....	7	2	-	2	5	-	-	-
75 to 99 beds .....	15	1	-	1	14	-	-	-
100 to 149 beds .....	15	1	-	1	14	-	-	-
150 to 199 beds .....	4	2	1	1	2	-	-	-
200 beds of more .....	3	2	1	1	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	49	7	2	5	41	1	-	1
Less than 25 beds .....	3	-	-	-	3	-	-	-
25 to 49 beds .....	5	-	-	-	4	1	-	1
50 to 74 beds .....	7	2	-	2	5	-	-	-
75 to 99 beds .....	14	1	-	1	13	-	-	-
100 to 149 beds .....	14	1	-	1	13	-	-	-
150 to 199 beds .....	3	1	1	-	2	-	-	-
200 beds of more .....	3	2	1	1	1	-	-	-
Unit of Hospital								
Total .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Domiciliary Institution								
Total .....	2	1	-	1	1	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	1	-	1	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
MASSACHUSETTS								
All Facilities								
Total .....	146	14	5	9	125	7	5	2
Less than 25 beds .....	5	1	-	1	4	-	-	-
25 to 49 beds .....	35	6	1	5	27	2	1	1
50 to 74 beds .....	39	3	2	1	35	1	1	-
75 to 99 beds .....	30	-	-	-	29	1	1	-
100 to 149 beds .....	31	1	-	1	29	1	1	-
150 to 199 beds .....	2	1	1	-	1	-	-	-
200 beds or more .....	4	2	1	1	-	2	1	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	134	11	4	7	123	-	-	-
Less than 25 beds .....	4	1	-	1	3	-	-	-
25 to 49 beds .....	33	6	1	5	27	-	-	-
50 to 74 beds .....	38	3	2	1	35	-	-	-
75 to 99 beds .....	28	-	-	-	28	-	-	-
100 to 149 beds .....	29	-	-	-	29	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	1	1	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
MASSACHUSETTS—Con.								
Unit of Hospital								
Total .....	9	2	—	2	1	6	5	1
Less than 25 beds .....	1	—	—	—	1	—	—	—
25 to 49 beds .....	1	—	—	—	—	1	1	—
50 to 74 beds .....	1	—	—	—	—	1	1	—
75 to 99 beds .....	1	—	—	—	—	1	1	—
100 to 149 beds .....	2	1	—	1	—	1	1	—
200 beds or more .....	3	1	—	1	—	2	1	1
Unit of Domiciliary Institution								
Total .....	2	—	—	—	1	1	—	1
25 to 49 beds .....	1	—	—	—	—	1	—	1
75 to 99 beds .....	1	—	—	—	1	—	—	—
Other								
Total .....	1	1	1	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
MICHIGAN								
All Facilities								
Total .....	137	28	11	17	75	34	1	33
Less than 25 beds .....	8	5	3	2	3	—	—	—
25 to 49 beds .....	26	7	2	5	14	5	—	5
50 to 74 beds .....	36	6	2	4	25	5	—	5
75 to 99 beds .....	18	1	—	1	10	7	—	7
100 to 149 beds .....	34	5	3	2	19	10	—	10
150 to 199 beds .....	8	2	1	1	2	4	—	4
200 beds or more .....	7	2	—	2	2	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	107	13	5	8	70	24	—	24
Less than 25 beds .....	4	2	2	—	2	—	—	—
25 to 49 beds .....	15	2	1	1	11	2	—	2
50 to 74 beds .....	32	3	—	3	25	4	—	4
75 to 99 beds .....	17	—	—	—	10	7	—	7
100 to 149 beds .....	29	3	2	1	18	8	—	8
150 to 199 beds .....	5	1	—	1	2	2	—	2
200 beds or more .....	5	2	—	2	2	1	—	1
Unit of Hospital								
Total .....	18	7	1	6	2	9	—	9
Less than 25 beds .....	1	—	—	—	1	—	—	—
25 to 49 beds .....	8	5	1	4	—	3	—	3
50 to 74 beds .....	2	1	—	1	—	1	—	1
75 to 99 beds .....	1	1	—	1	—	—	—	—
100 to 149 beds .....	3	—	—	—	1	2	—	2
150 to 199 beds .....	2	—	—	—	—	2	—	2
200 beds or more .....	1	—	—	—	—	1	—	1
Unit of Domiciliary Institution								
Total .....	9	6	4	2	2	1	1	—
Less than 25 beds .....	2	2	—	2	—	—	—	—
25 to 49 beds .....	2	—	—	—	2	—	—	—
50 to 74 beds .....	2	2	2	—	—	—	—	—
100 to 149 beds .....	1	1	1	—	—	—	—	—
150 to 199 beds .....	1	1	1	—	—	—	—	—
200 beds or more .....	1	—	—	—	—	1	1	—
Other								
Total .....	3	2	1	1	1	—	—	—
Less than 25 beds .....	1	1	1	—	—	—	—	—
25 to 49 beds .....	1	—	—	—	1	—	—	—
100 to 149 beds .....	1	1	—	1	—	—	—	—
MINNESOTA								
All Facilities								
Total .....	141	78	41	37	39	24	1	23
Less than 25 beds .....	33	15	4	11	14	4	—	4
25 to 49 beds .....	55	31	16	15	11	13	—	13
50 to 74 beds .....	27	18	11	7	5	4	—	4
75 to 99 beds .....	7	4	2	2	3	—	—	—
100 to 149 beds .....	16	9	7	2	5	2	—	2
150 to 199 beds .....	2	1	1	—	1	—	—	—
200 beds or more .....	1	—	—	—	—	1	1	—

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
MINNESOTA – Con.								
Skilled Nursing Facility <sup>1</sup>								
Total .....	90	43	27	16	39	8	1	7
Less than 25 beds .....	17	3	1	2	14	–	–	–
25 to 49 beds .....	30	14	9	5	11	5	–	5
50 to 74 beds .....	22	15	10	5	5	2	–	2
75 to 99 beds .....	7	4	2	2	3	–	–	–
100 to 149 beds .....	11	6	4	2	5	–	–	–
150 to 199 beds .....	2	1	1	–	1	–	–	–
200 beds or more .....	1	–	–	–	–	1	1	–
Unit of Hospital								
Total .....	47	32	11	21	–	15	–	15
Less than 25 beds .....	16	12	3	9	–	4	–	4
25 to 49 beds .....	21	14	4	10	–	7	–	7
50 to 74 beds .....	5	3	1	2	–	2	–	2
100 to 149 beds .....	5	3	3	–	–	2	–	2
Unit of Domiciliary Institution								
Total .....	4	3	3	–	–	1	–	1
25 to 49 beds .....	4	3	3	–	–	1	–	1
Other								
Total .....	–	–	–	–	–	–	–	–
MISSISSIPPI								
All Facilities								
Total .....	20	–	–	–	16	4	–	4
Less than 25 beds .....	4	–	–	–	–	4	–	4
25 to 49 beds .....	7	–	–	–	7	–	–	–
50 to 74 beds .....	7	–	–	–	7	–	–	–
75 to 99 beds .....	1	–	–	–	1	–	–	–
100 to 149 beds .....	1	–	–	–	1	–	–	–
150 to 199 beds .....	–	–	–	–	–	–	–	–
200 beds or more .....	–	–	–	–	–	–	–	–
Skilled Nursing Facility <sup>1</sup>								
Total .....	15	–	–	–	15	–	–	–
25 to 49 beds .....	7	–	–	–	7	–	–	–
50 to 74 beds .....	6	–	–	–	6	–	–	–
75 to 99 beds .....	1	–	–	–	1	–	–	–
100 to 149 beds .....	1	–	–	–	1	–	–	–
Unit of Hospital								
Total .....	5	–	–	–	1	4	–	4
Less than 25 beds .....	4	–	–	–	–	4	–	4
50 to 74 beds .....	1	–	–	–	1	–	–	–
Unit of Domiciliary Institution								
Total .....	–	–	–	–	–	–	–	–
Other								
Total .....	–	–	–	–	–	–	–	–
MISSOURI								
All Facilities								
Total .....	72	27	12	15	40	5	–	5
Less than 25 beds .....	24	14	6	8	7	3	–	3
25 to 49 beds .....	13	3	1	2	10	–	–	–
50 to 74 beds .....	13	4	3	1	9	–	–	–
75 to 99 beds .....	4	1	1	–	3	–	–	–
100 to 149 beds .....	10	3	1	2	6	1	–	1
150 to 199 beds .....	3	1	–	1	2	–	–	–
200 beds or more .....	5	1	–	1	3	1	–	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	54	15	6	9	38	1	–	1
Less than 25 beds .....	12	5	2	3	7	–	–	–
25 to 49 beds .....	10	2	–	2	8	–	–	–
50 to 74 beds .....	12	3	2	1	9	–	–	–
75 to 99 beds .....	4	1	1	–	3	–	–	–
100 to 149 beds .....	9	3	1	2	6	–	–	–
150 to 199 beds .....	3	1	–	1	2	–	–	–
200 beds or more .....	4	–	–	–	3	1	–	–

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
MISSOURI—Con.								
Unit of Hospital								
Total .....	16	10	4	6	2	4	-	4
Less than 25 beds .....	10	7	2	5	-	3	-	3
25 to 49 beds .....	3	1	1	-	2	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	-	1	-	1
200 beds or more .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	2	2	2	-	-	-	-	-
Less than 25 beds .....	2	2	2	-	-	-	-	-
MONTANA								
All Facilities								
Total .....	34	18	8	10	9	7	-	7
Less than 25 beds .....	15	12	4	8	1	2	-	2
25 to 49 beds .....	8	5	3	2	2	1	-	1
50 to 74 beds .....	7	-	-	-	3	4	-	4
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	15	5	3	2	9	1	-	1
Less than 25 beds .....	2	1	-	1	1	-	-	-
25 to 49 beds .....	5	3	2	1	2	-	-	-
50 to 74 beds .....	4	-	-	-	3	1	-	1
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	14	9	2	7	-	5	-	5
Less than 25 beds .....	11	9	2	7	-	2	-	2
25 to 49 beds .....	1	-	-	-	-	1	-	1
50 to 74 beds .....	2	-	-	-	-	2	-	2
Unit of Domiciliary Institution								
Total .....	5	4	3	1	-	1	-	1
Less than 25 beds .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	2	2	1	1	-	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	-	1
Other								
Total .....	-	-	-	-	-	-	-	-
NEBRASKA								
All Facilities								
Total .....	32	11	9	2	17	4	-	4
Less than 25 beds .....	7	4	4	-	2	1	-	1
25 to 49 beds .....	2	1	-	1	1	-	-	-
50 to 74 beds .....	10	4	4	-	5	1	-	1
75 to 99 beds .....	5	-	-	-	5	-	-	-
100 to 149 beds .....	5	2	1	1	3	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	2	-	-	-	-	2	-	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	21	4	4	-	17	-	-	-
Less than 25 beds .....	4	2	2	-	2	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	7	2	2	-	5	-	-	-
75 to 99 beds .....	5	-	-	-	5	-	-	-
100 to 149 beds .....	3	-	-	-	3	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	8	5	4	1	-	3	-	3
Less than 25 beds .....	3	2	2	-	-	1	-	1
50 to 74 beds .....	2	1	1	-	-	1	-	1
100 to 149 beds .....	2	2	1	1	-	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NEBRASKA—Con.								
Unit of Domiciliary Institution								
Total .....	3	2	1	1	-	1	-	1
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1
Other								
Total .....	-	-	-	-	-	-	-	-
NEVADA								
All Facilities								
Total .....	13	1	1	-	7	5	-	5
Less than 25 beds .....	6	1	1	-	2	3	-	3
25 to 49 beds .....	2	-	-	-	1	1	-	1
50 to 74 beds .....	3	-	-	-	2	1	-	1
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	6	1	1	-	5	-	-	-
Less than 25 beds .....	2	1	1	-	1	-	-	-
50 to 74 beds .....	2	-	-	-	2	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	7	-	-	-	2	5	-	5
Less than 25 beds .....	4	-	-	-	1	3	-	3
25 to 49 beds .....	2	-	-	-	1	1	-	1
50 to 74 beds .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
NEW HAMPSHIRE								
All Facilities								
Total .....	10	3	2	1	7	-	-	-
Less than 25 beds .....	3	2	1	1	1	-	-	-
25 to 49 beds .....	4	1	1	-	3	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	2	-	-	-	2	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	8	1	1	-	7	-	-	-
Less than 25 beds .....	2	1	1	-	1	-	-	-
25 to 49 beds .....	3	-	-	-	3	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	2	-	-	-	2	-	-	-
Unit of Hospital								
Total .....	1	1	-	1	-	-	-	-
Less than 25 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NEW JERSEY								
All Facilities								
Total .....	70	17	11	6	48	5	-	5
Less than 25 beds .....	5	4	3	1	1	-	-	-
25 to 49 beds .....	17	8	5	3	8	1	-	1
50 to 74 beds .....	9	1	-	1	8	-	-	-
75 to 99 beds .....	14	2	2	-	10	2	-	2
100 to 149 .....	23	2	1	1	19	2	-	2
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	57	10	7	3	46	1	-	1
Less than 25 beds .....	2	1	1	-	1	-	-	-
25 to 49 beds .....	14	6	4	2	7	1	-	1
50 to 74 beds .....	8	-	-	-	8	-	-	-
75 to 99 beds .....	12	2	2	-	10	-	-	-
100 to 149 beds .....	20	1	-	1	19	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	5	1	-	1	-	4	-	4
25 to 49 beds .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	2	-	-	-	-	2	-	2
100 to 149 beds .....	2	-	-	-	-	2	-	2
Unit of Domiciliary Institution								
Total .....	5	5	3	2	-	-	-	-
Less than 25 beds .....	2	2	1	1	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	3	1	1	-	2	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
NEW MEXICO								
All Facilities								
Total .....	18	7	4	3	9	2	2	-
Less than 25 beds .....	3	2	1	1	1	-	-	-
25 to 49 beds .....	4	1	1	-	3	-	-	-
50 to 74 beds .....	7	3	2	1	4	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	2	1	-	1	-	1	1	-
150 to 199 beds .....	1	-	-	-	-	1	1	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	13	3	1	2	9	1	1	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	3	-	-	-	3	-	-	-
50 to 74 beds .....	6	2	1	1	4	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	2	1	-	1	-	1	1	-
Unit of Hospital								
Total .....	5	4	3	1	-	1	1	-
Less than 25 beds .....	2	2	1	1	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
150 to 199 beds .....	1	-	-	-	-	1	1	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NEW YORK								
All Facilities								
Total .....	241	54	24	30	168	19	1	18
Less than 25 beds .....	17	10	6	4	7	-	-	-
25 to 49 beds .....	41	11	5	6	30	-	-	-
50 to 74 beds .....	42	7	4	3	33	2	-	2
75 to 99 beds .....	34	7	2	5	24	3	1	2
100 to 149 beds .....	53	10	4	6	36	7	-	7
150 to 199 beds .....	29	5	2	3	23	1	-	1
200 beds or more .....	25	4	1	3	15	6	-	6
Skilled Nursing Facility <sup>1</sup>								
Total .....	194	21	12	9	166	7	-	7
Less than 25 beds .....	11	4	3	1	7	-	-	-
25 to 49 beds .....	31	1	1	-	30	-	-	-
50 to 74 beds .....	37	3	2	1	33	1	-	1
75 to 99 beds .....	29	4	2	2	24	1	-	1
100 to 149 beds .....	42	4	2	2	35	3	-	3
150 to 199 beds .....	26	2	1	1	23	1	-	1
200 beds or more .....	18	3	1	2	14	1	-	1
Unit of Hospital								
Total .....	22	14	3	11	2	6	-	6
Less than 25 beds .....	4	4	1	3	-	-	-	-
25 to 49 beds .....	6	6	1	5	-	-	-	-
50 to 74 beds .....	2	1	-	1	-	1	-	1
75 to 99 beds .....	1	1	-	1	-	-	-	-
100 to 149 beds .....	5	2	1	1	1	2	-	2
200 beds or more .....	4	-	-	-	1	3	-	3
Unit of Domiciliary Institution								
Total .....	23	17	8	9	-	6	1	5
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	4	4	3	1	-	-	-	-
50 to 74 beds .....	2	2	2	-	-	-	-	-
75 to 99 beds .....	4	2	-	2	-	2	1	1
100 to 149 beds .....	6	4	1	3	-	2	-	2
150 to 199 beds .....	3	3	1	2	-	-	-	-
200 beds or more .....	3	1	-	1	-	2	-	2
Other								
Total .....	2	2	1	1	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-
NORTH CAROLINA								
All Facilities								
Total .....	43	13	4	9	30	-	-	-
Less than 25 beds .....	6	3	-	3	3	-	-	-
25 to 49 beds .....	8	6	3	3	2	-	-	-
50 to 74 beds .....	12	2	-	2	10	-	-	-
75 to 99 beds .....	9	1	-	1	8	-	-	-
100 to 149 beds .....	6	-	-	-	6	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	1	1	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	34	5	3	2	29	-	-	-
Less than 25 beds .....	3	-	-	-	3	-	-	-
25 to 49 beds .....	4	2	2	-	2	-	-	-
50 to 74 beds .....	11	1	-	1	10	-	-	-
75 to 99 beds .....	8	1	-	1	7	-	-	-
100 to 149 beds .....	6	-	-	-	6	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	1	1	-	-	-	-	-
Unit or Hospital								
Total .....	6	5	-	5	1	-	-	-
Less than 25 beds .....	3	3	-	3	-	-	-	-
25 to 49 beds .....	2	2	-	2	-	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
Unit of Domiciliary Institution								
Total .....	3	3	1	2	-	-	-	-
25 to 49 beds .....	2	2	1	1	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
NORTH CAROLINA—Con.								
Other								
Total .....	-	-	-	-	-	-	-	-
NORTH DAKOTA								
All Facilities								
Total .....	26	22	19	3	3	1	-	1
Less than 25 beds .....	6	5	5	-	-	1	-	1
25 to 49 beds .....	10	10	9	1	-	-	-	-
50 to 74 beds .....	4	2	1	1	2	-	-	-
75 to 99 beds .....	5	5	4	1	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	18	15	13	2	3	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	8	8	8	-	-	-	-	-
50 to 74 beds .....	4	2	1	1	2	-	-	-
75 to 99 beds .....	4	4	3	1	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	5	4	4	-	-	1	-	1
Less than 25 beds .....	5	4	4	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	3	3	2	1	-	-	-	-
25 to 49 beds .....	2	2	1	1	-	-	-	-
75 to 99 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
OHIO								
All Facilities								
Total .....	179	41	18	23	129	9	-	9
Less than 25 beds .....	7	4	2	2	2	1	-	1
25 to 49 beds .....	50	12	5	7	36	2	-	2
50 to 74 beds .....	52	9	4	5	42	1	-	1
75 to 99 beds .....	34	8	3	5	23	3	-	3
100 to 149 beds .....	25	3	3	-	21	1	-	1
150 to 199 beds .....	7	3	1	2	4	-	-	-
200 beds or more .....	4	2	-	2	1	1	-	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	153	24	7	17	125	4	-	4
Less than 25 beds .....	3	-	-	-	2	1	-	1
25 to 49 beds .....	42	7	3	4	34	1	-	1
50 to 74 beds .....	46	5	1	4	41	-	-	-
75 to 99 beds .....	28	6	1	5	22	-	-	-
100 to 149 beds .....	23	1	1	-	21	1	-	1
150 to 199 beds .....	7	3	1	2	4	-	-	-
200 beds or more .....	4	2	-	2	1	1	-	1
Unit of Hospital								
Total .....	15	8	2	6	2	5	-	5
Less than 25 beds .....	2	2	-	2	-	-	-	-
25 to 49 beds .....	6	4	1	3	1	1	-	1
50 to 74 beds .....	2	1	-	1	-	1	-	1
75 to 99 beds .....	4	-	-	-	1	3	-	3
100 to 149 beds .....	1	1	1	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	9	8	8	-	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
50 to 74 beds .....	4	3	3	-	1	-	-	-
75 to 99 beds .....	2	2	2	-	-	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	2	1	1	-	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
OKLAHOMA								
All Facilities								
Total .....	38	12	4	8	18	8	2	6
Less than 25 beds .....	19	9	2	7	6	4	1	3
25 to 49 beds .....	9	1	-	1	5	3	1	2
50 to 74 beds .....	6	2	2	-	3	1	-	1
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	3	-	-	-	3	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	22	5	2	3	15	2	1	1
Less than 25 beds .....	8	3	1	2	5	-	-	-
25 to 49 beds .....	6	1	-	1	4	1	1	-
50 to 74 beds .....	5	1	1	-	3	1	-	1
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	2	-	-	-	2	-	-	-
Unit of Hospital								
Total .....	11	5	1	4	-	6	1	5
Less than 25 beds .....	8	4	-	4	-	4	1	3
25 to 49 beds .....	2	-	-	-	-	2	-	2
50 to 74 beds .....	1	1	1	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	3	2	1	1	1	-	-	-
Less than 25 beds .....	2	2	1	1	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
Other								
Total .....	2	-	-	-	2	-	-	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
OREGON								
All Facilities								
Total .....	83	20	12	8	51	12	-	12
Less than 25 beds .....	21	7	4	3	7	7	-	7
25 to 49 beds .....	16	4	2	2	10	2	-	2
50 to 74 beds .....	19	4	3	1	14	1	-	1
75 to 99 beds .....	20	4	2	2	15	1	-	1
100 to 149 beds .....	5	-	-	-	5	-	-	-
150 to 199 beds .....	2	1	1	-	-	1	-	1
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	62	10	6	4	48	4	-	4
Less than 25 beds .....	7	-	-	-	6	1	-	1
25 to 49 beds .....	11	2	1	1	8	1	-	1
50 to 74 beds .....	17	3	2	1	14	-	-	-
75 to 99 beds .....	20	4	2	2	15	1	-	1
100 to 149 beds .....	5	-	-	-	5	-	-	-
150 to 199 beds .....	2	1	1	-	-	1	-	1
Unit of Hospital								
Total .....	18	9	5	4	2	7	-	7
Less than 25 beds .....	13	6	3	3	1	6	-	6
25 to 49 beds .....	4	2	1	1	1	1	-	1
50 to 74 beds .....	1	1	1	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	1	-	-	-	-	1	-	1
50 to 74 beds .....	1	-	-	-	-	1	-	1
Other								
Total .....	2	1	1	-	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
PENNSYLVANIA								
All Facilities								
Total .....	221	69	40	29	140	12	-	12
Less than 25 beds .....	31	16	7	9	15	-	-	-
25 to 49 beds .....	63	21	13	8	41	1	-	1
50 to 74 beds .....	59	21	13	8	38	-	-	-
75 to 99 beds .....	20	3	2	1	16	1	-	1
100 to 149 beds .....	32	5	4	1	26	1	-	1
150 to 199 beds .....	6	1	1	-	4	1	-	1
200 beds or more .....	10	2	-	2	-	8	-	8
Skilled Nursing Facility <sup>1</sup>								
Total .....	169	27	19	8	137	5	-	5
Less than 25 beds .....	14	1	-	1	13	-	-	-
25 to 49 beds .....	48	8	6	2	40	-	-	-
50 to 74 beds .....	48	10	8	2	38	-	-	-
75 to 99 beds .....	17	1	1	-	16	-	-	-
100 to 149 beds .....	31	4	3	1	26	1	-	1
150 to 199 beds .....	5	1	1	-	4	-	-	-
200 beds or more .....	6	2	-	2	-	4	-	4
Unit of Hospital								
Total .....	20	17	2	15	3	-	-	-
Less than 25 beds .....	9	7	1	6	2	-	-	-
25 to 49 beds .....	7	6	-	6	1	-	-	-
50 to 74 beds .....	4	4	1	3	-	-	-	-
Unit of Domiciliary Institution								
Total .....	31	24	18	6	-	7	-	7
Less than 25 beds .....	7	7	5	2	-	-	-	-
25 to 49 beds .....	8	7	7	-	-	1	-	1
50 to 74 beds .....	7	7	4	3	-	-	-	-
75 to 99 beds .....	3	2	1	1	-	1	-	1
100 to 149 beds .....	1	1	1	-	-	-	-	-
150 to 199 beds .....	1	-	-	-	-	1	-	1
200 beds or more .....	4	-	-	-	-	4	-	4
Other								
Total .....	1	1	1	-	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
RHODE ISLAND								
All Facilities								
Total .....	19	4	1	3	14	1	1	-
Less than 25 beds .....	3	-	-	-	2	1	1	-
25 to 49 beds .....	6	-	-	-	6	-	-	-
50 to 74 beds .....	8	3	1	2	5	-	-	-
75 to 99 beds .....	2	1	-	1	1	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	16	3	1	2	13	-	-	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	6	-	-	-	6	-	-	-
50 to 74 beds .....	8	3	1	2	5	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	2	-	-	-	1	1	1	-
Less than 25 beds .....	2	-	-	-	1	1	1	-
Unit of Domiciliary Institution								
Total .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	1	1	-	1	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
SOUTH CAROLINA								
All Facilities								
Total .....	52	7	1	6	40	5	-	5
Less than 25 beds .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	20	3	1	2	14	3	-	3
50 to 74 beds .....	11	1	-	1	9	1	-	1
75 to 99 beds .....	13	3	-	3	10	-	-	-
100 to 149 beds .....	6	-	-	-	5	1	-	1
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	50	6	1	5	40	4	-	4
Less than 25 beds .....	1	-	-	-	1	-	-	-
25 to 49 beds .....	19	2	1	1	14	3	-	3
50 to 74 beds .....	10	1	-	1	9	-	-	-
75 to 99 beds .....	13	3	-	3	10	-	-	-
100 to 149 beds .....	6	-	-	-	5	1	-	1
150 to 199 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	2	1	-	1	-	1	-	1
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
SOUTH DAKOTA								
All Facilities								
Total .....	16	11	5	6	5	-	-	-
Less than 25 beds .....	3	3	3	-	-	-	-	-
25 to 49 beds .....	5	4	1	3	1	-	-	-
50 to 74 beds .....	6	3	1	2	3	-	-	-
75 to 99 beds .....	2	1	-	1	1	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	12	8	3	5	4	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	4	3	1	2	1	-	-	-
50 to 74 beds .....	5	3	1	2	2	-	-	-
75 to 99 beds .....	2	1	-	1	1	-	-	-
Unit of Hospital								
Total .....	3	3	2	1	-	-	-	-
Less than 25 beds .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
TENNESSEE								
All Facilities								
Total .....	55	12	7	5	30	13	-	13
Less than 25 beds .....	4	2	1	1	2	-	-	-
25 to 49 beds .....	18	6	5	1	7	5	-	5
50 to 74 beds .....	14	2	1	1	7	5	-	5
75 to 99 beds .....	11	1	-	1	9	1	-	1
100 to 149 beds .....	3	1	-	1	2	-	-	-
150 to 199 beds .....	3	-	-	-	2	1	-	1
200 beds or more .....	2	-	-	-	1	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
TENNESSEE—Con.								
Skilled Nursing Facility <sup>1</sup>								
Total .....	41	8	4	4	26	7	-	7
Less than 25 beds .....	3	1	1	-	2	-	-	-
25 to 49 beds .....	14	4	3	1	6	4	-	4
50 to 74 beds .....	10	1	-	1	6	3	-	3
75 to 99 beds .....	9	1	-	1	8	-	-	-
100 to 149 beds .....	2	1	-	1	1	-	-	-
150 to 199 beds .....	2	-	-	-	2	-	-	-
200 beds or more .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	12	3	2	1	3	6	-	6
Less than 25 beds .....	1	1	-	1	-	-	-	-
25 to 49 beds .....	3	1	1	-	1	1	-	1
50 to 74 beds .....	4	1	1	-	1	2	-	2
75 to 99 beds .....	2	-	-	-	1	1	-	1
150 to 199 beds .....	1	-	-	-	-	1	-	1
200 beds or more .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	2	1	1	-	1	-	-	-
25 to 49 beds .....	1	1	1	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
TEXAS								
All Facilities								
Total .....	284	48	29	19	229	7	-	7
Less than 25 beds .....	37	15	8	7	20	2	-	2
25 to 49 beds .....	62	11	9	2	50	1	-	1
50 to 74 beds .....	98	6	4	2	90	2	-	2
75 to 99 beds .....	34	8	4	4	25	1	-	1
100 to 149 beds .....	37	2	-	2	35	-	-	-
150 to 199 beds .....	8	3	2	1	5	-	-	-
200 beds or more .....	8	3	2	1	4	1	-	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	239	28	16	12	208	3	-	3
Less than 25 beds .....	13	4	1	3	9	-	-	-
25 to 49 beds .....	55	7	5	2	48	-	-	-
50 to 74 beds .....	91	4	3	1	85	2	-	2
75 to 99 beds .....	31	6	4	2	24	1	-	1
100 to 149 beds .....	36	2	-	2	34	-	-	-
150 to 199 beds .....	6	2	1	1	4	-	-	-
200 beds or more .....	7	3	2	1	4	-	-	-
Unit of Hospital								
Total .....	35	14	7	7	18	3	-	3
Less than 25 beds .....	21	8	4	4	11	2	-	2
25 to 49 beds .....	4	2	2	-	2	-	-	-
50 to 74 beds .....	5	2	1	1	3	-	-	-
75 to 99 beds .....	2	2	-	2	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	1	-	-	-	1	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	8	5	5	-	2	1	-	1
Less than 25 beds .....	2	2	2	-	-	-	-	-
25 to 49 beds .....	3	2	2	-	-	1	-	1
50 to 74 beds .....	2	-	-	-	2	-	-	-
150 to 199 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	2	1	1	-	1	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

Health Insurance 1967: Participating Extended Care Facilities

Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
UTAH								
All Facilities								
Total .....	26	7	2	5	15	4	-	4
Less than 25 beds .....	6	3	1	2	2	1	-	1
25 to 49 beds .....	5	1	-	1	4	-	-	-
50 to 74 beds .....	8	-	-	-	5	3	-	3
75 to 99 beds .....	3	2	1	1	1	-	-	-
100 to 149 beds .....	4	1	-	1	3	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	21	3	1	2	15	3	-	3
Less than 25 beds .....	2	-	-	-	2	-	-	-
25 to 49 beds .....	5	1	-	1	4	-	-	-
50 to 74 beds .....	8	-	-	-	5	3	-	3
75 to 99 beds .....	2	1	1	-	1	-	-	-
100 to 149 beds .....	4	1	-	1	3	-	-	-
Unit of Hospital								
Total .....	5	4	1	3	-	1	-	1
Less than 25 beds .....	4	3	1	2	-	1	-	1
75 to 99 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
VERMONT								
All Facilities								
Total .....	11	3	1	2	7	1	-	1
Less than 25 beds .....	3	1	-	1	2	-	-	-
25 to 49 beds .....	4	2	1	1	1	1	-	1
50 to 74 beds .....	3	-	-	-	3	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	11	3	1	2	7	1	-	1
Less than 25 beds .....	3	1	-	1	2	-	-	-
25 to 49 beds .....	4	2	1	1	1	1	-	1
50 to 74 beds .....	3	-	-	-	3	-	-	-
75 to 99 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
VIRGINIA								
All Facilities								
Total .....	51	11	2	9	39	1	-	1
Less than 25 beds .....	2	2	-	2	-	-	-	-
25 to 49 beds .....	14	4	2	2	10	-	-	-
50 to 74 beds .....	14	2	-	2	12	-	-	-
75 to 99 beds .....	9	1	-	1	8	-	-	-
100 to 149 beds .....	8	1	-	1	7	-	-	-
150 to 199 beds .....	3	1	-	1	2	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1
Skilled Nursing Facility <sup>1</sup>								
Total .....	48	8	2	6	39	1	-	1
Less than 25 beds .....	1	1	-	1	-	-	-	-
25 to 49 beds .....	13	3	2	1	10	-	-	-
50 to 74 beds .....	13	1	-	1	12	-	-	-
75 to 99 beds .....	9	1	-	1	8	-	-	-
100 to 149 beds .....	8	1	-	1	7	-	-	-
150 to 199 beds .....	3	1	-	1	2	-	-	-
200 beds or more .....	1	-	-	-	-	1	-	1

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
VIRGINIA—Con.								
Unit of Hospital								
Total .....	3	3	-	3	-	-	-	-
Less than 25 beds .....	1	1	-	1	-	-	-	-
25 to 49 beds .....	1	1	-	1	-	-	-	-
50 to 74 beds .....	1	1	-	1	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
WASHINGTON								
All Facilities								
Total .....	171	38	28	10	118	15	-	15
Less than 25 beds .....	55	17	14	3	25	13	-	13
25 to 49 beds .....	43	11	8	3	31	1	-	1
50 to 74 beds .....	30	8	4	4	22	-	-	-
75 to 99 beds .....	27	1	1	-	26	-	-	-
100 to 149 beds .....	10	1	1	-	9	-	-	-
150 to 199 beds .....	6	-	-	-	5	1	-	1
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	134	18	15	3	114	2	-	2
Less than 25 beds .....	31	7	7	-	22	2	-	2
25 to 49 beds .....	36	6	6	-	30	-	-	-
50 to 74 beds .....	26	4	1	3	22	-	-	-
75 to 99 beds .....	27	1	1	-	26	-	-	-
100 to 149 beds .....	9	-	-	-	9	-	-	-
150 to 199 beds .....	5	-	-	-	5	-	-	-
Unit of Hospital								
Total .....	29	15	8	7	1	13	-	13
Less than 25 beds .....	19	7	4	3	1	11	-	11
25 to 49 beds .....	6	5	2	3	-	1	-	1
50 to 74 beds .....	2	2	1	1	-	-	-	-
100 to 149 beds .....	1	1	1	-	-	-	-	-
150 to 199 beds .....	1	-	-	-	-	1	-	1
Unit of Domiciliary Institution								
Total .....	4	3	3	-	1	-	-	-
Less than 25 beds .....	3	2	2	-	1	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
Other								
Total .....	4	2	2	-	2	-	-	-
Less than 25 beds .....	2	1	1	-	1	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
WEST VIRGINIA								
All Facilities								
Total .....	26	7	3	4	17	2	2	-
Less than 25 beds .....	8	2	1	1	6	-	-	-
25 to 49 beds .....	10	2	2	-	7	1	1	-
50 to 74 beds .....	4	2	-	2	1	1	1	-
75 to 99 beds .....	3	1	-	1	2	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	19	3	1	2	16	-	-	-
Less than 25 beds .....	6	1	-	1	5	-	-	-
25 to 49 beds .....	8	1	1	-	7	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	3	1	-	1	2	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	5	4	2	2	-	1	1	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
25 to 49 beds .....	2	1	1	-	-	1	1	-
50 to 74 beds .....	2	2	-	2	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
WEST VIRGINIA—Con.								
Unit of Domiciliary Institution								
Total .....	1	-	-	-	1	-	-	-
Less than 25 beds .....	1	-	-	-	1	-	-	-
Other								
Total .....	1	-	-	-	-	1	1	-
50 to 74 beds .....	1	-	-	-	-	1	1	-
WISCONSIN								
All Facilities								
Total .....	184	80	52	28	64	40	2	38
Less than 25 beds .....	33	16	11	5	17	-	-	-
25 to 49 beds .....	52	32	19	13	10	10	-	10
50 to 74 beds .....	43	17	9	8	17	9	-	9
75 to 99 beds .....	21	7	5	2	8	6	1	5
100 to 149 beds .....	19	6	6	-	8	5	-	5
150 to 199 beds .....	12	1	1	-	4	7	-	7
200 beds or more .....	4	1	1	-	-	3	1	2
Skilled Nursing Facility <sup>1</sup>								
Total .....	144	49	34	15	63	32	1	31
Less than 25 beds .....	24	8	5	3	16	-	-	-
25 to 49 beds .....	36	20	12	8	10	6	-	6
50 to 74 beds .....	33	8	6	2	17	8	-	8
75 to 99 beds .....	20	7	5	2	8	5	-	5
100 to 149 beds .....	15	4	4	-	8	3	-	3
150 to 199 beds .....	12	1	1	-	4	7	-	7
200 beds or more .....	4	1	1	-	-	3	1	2
Unit of Hospital								
Total .....	35	27	15	12	1	7	-	7
Less than 25 beds .....	8	7	5	2	1	-	-	-
25 to 49 beds .....	14	10	6	4	-	4	-	4
50 to 74 beds .....	9	8	2	6	-	1	-	1
100 to 149 beds .....	4	2	2	-	-	2	-	2
Unit of Domiciliary Institution								
Total .....	4	3	2	1	-	1	1	-
25 to 49 beds .....	2	2	1	1	-	-	-	-
50 to 74 beds .....	1	1	1	-	-	-	-	-
75 to 99 beds .....	1	-	-	-	-	1	1	-
Other								
Total .....	1	1	1	-	-	-	-	-
Less than 25 beds .....	1	1	1	-	-	-	-	-
WYOMING								
All Facilities								
Total .....	9	1	1	-	7	1	-	1
Less than 25 beds .....	6	1	1	-	4	1	-	1
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	7	1	1	-	6	-	-	-
Less than 25 beds .....	4	1	1	-	3	-	-	-
25 to 49 beds .....	1	-	-	-	1	-	-	-
50 to 74 beds .....	1	-	-	-	1	-	-	-
100 to 149 beds .....	1	-	-	-	1	-	-	-
Unit of Hospital								
Total .....	2	-	-	-	1	1	-	1
Less than 25 beds .....	2	-	-	-	1	1	-	1
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
<b>OUTLYING AREAS</b>								
Guam								
All Facilities								
Total .....	-	-	-	-	-	-	-	-
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	-	-	-	-	-	-	-	-
Unit of Hospital								
Total .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
Puerto Rico								
All Facilities								
Total .....	6	3	1	2	-	3	1	2
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	3	2	1	1	-	1	-	1
50 to 74 beds .....	1	1	-	1	-	-	-	-
75 to 99 beds .....	1	-	-	-	-	1	-	1
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	1	-	-	-	-	1	1	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	1	-	-	-	-	1	-	1
75 to 99 beds .....	1	-	-	-	-	1	-	1
Unit of Hospital								
Total .....	5	3	1	2	-	2	1	1
25 to 49 beds .....	3	2	1	1	-	1	-	1
50 to 74 beds .....	1	1	-	1	-	-	-	-
200 beds or more .....	1	-	-	-	-	1	1	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.3 NUMBER OF EXTENDED CARE FACILITIES BY CONTROL, TYPE OF FACILITY AND BED SIZE, REGION, DIVISION, AND STATE—Con.**

[See NOTES preceding General Tables]

Region, division, State, type of facility, and bed size	All facilities	Voluntary facilities			Proprietary facilities	Government facilities		
		Total	Church	Other		Total	State	Local
OUTLYING AREAS—Con.								
Virgin Islands								
All Facilities								
Total .....	-	-	-	-	-	-	-	-
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	-	-	-	-	-	-	-	-
Unit of Hospital								
Total .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-
OTHER OUTLYING AREAS								
All Facilities								
Total .....	-	-	-	-	-	-	-	-
Less than 25 beds .....	-	-	-	-	-	-	-	-
25 to 49 beds .....	-	-	-	-	-	-	-	-
50 to 74 beds .....	-	-	-	-	-	-	-	-
75 to 99 beds .....	-	-	-	-	-	-	-	-
100 to 149 beds .....	-	-	-	-	-	-	-	-
150 to 199 beds .....	-	-	-	-	-	-	-	-
200 beds or more .....	-	-	-	-	-	-	-	-
Skilled Nursing Facility <sup>1</sup>								
Total .....	-	-	-	-	-	-	-	-
Unit of Hospital								
Total .....	-	-	-	-	-	-	-	-
Unit of Domiciliary Institution								
Total .....	-	-	-	-	-	-	-	-
Other								
Total .....	-	-	-	-	-	-	-	-

<sup>1</sup> Includes distinct part units of skilled nursing facilities.



Table 3.4.4 FACILITIES AND SERVICES BY TYPE OF FACILITY, BED SIZE, AND NUMBER OF FACILITIES REPORTING EACH SERVICE

[See NOTES preceding General Tables]

Type of facility and services	All facilities	Percent of total	Bed size						
			Under 25	25 to 49	50 to 74	75 to 99	100 to 149	150 to 199	200 or more
ALL FACILITIES									
Total .....	4 653	100.0	608	1 203	1 221	731	613	166	111
Number reporting:									
Nursing .....	4 653	100.0	608	1 203	1 221	731	613	166	111
Physical therapy .....	3 509	75.4	383	847	917	602	508	148	104
Occupational therapy .....	2 204	47.4	174	508	557	406	357	114	88
Speech therapy .....	1 422	30.6	96	333	347	276	224	85	61
Social services .....	2 868	61.6	258	704	774	486	416	135	95
Recreational activities .....	4 084	87.8	426	1 055	1 096	676	565	160	106
Pharmacy .....	2 487	53.4	317	603	622	388	339	128	90
Clinical laboratory .....	2 408	51.8	345	597	575	371	314	124	82
X-ray, diagnostic .....	2 311	49.7	346	572	556	351	288	117	81
Examination and treatment room .....	3 241	69.7	406	757	836	524	470	142	106
Dentistry .....	2 324	49.9	245	579	584	380	325	124	87
Podiatry .....	1 784	38.3	147	414	425	319	284	115	80
Ophthalmology .....	1 305	28.0	114	316	318	204	201	82	70
Other .....	369	7.9	41	72	87	53	56	26	34
SKILLED NURSING FACILITY <sup>1</sup>									
Total .....	3 776	100.0	299	948	1 069	679	552	146	83
Number reporting:									
Nursing .....	3 776	100.0	299	948	1 069	679	552	146	83
Physical therapy .....	2 856	75.6	198	655	794	551	451	129	78
Occupational therapy .....	1 853	49.1	119	401	487	369	310	99	68
Speech therapy .....	1 227	32.5	58	281	307	257	203	75	46
Social services .....	2 401	63.6	156	567	675	447	365	118	73
Recreational activities .....	3 435	91.0	253	850	970	629	510	143	80
Pharmacy .....	1 866	49.4	126	424	510	347	285	110	64
Clinical laboratory .....	1 723	45.6	101	406	459	328	265	107	57
X-ray, diagnostic .....	1 634	43.3	99	384	446	311	238	100	56
Examination and treatment room .....	2 490	65.9	160	538	696	477	415	124	80
Dentistry .....	1 878	49.7	133	446	504	343	281	108	63
Podiatry .....	1 527	40.4	103	341	377	290	255	100	61
Ophthalmology .....	1 030	27.3	60	237	263	180	173	70	47
Other .....	264	7.0	16	45	69	44	44	22	24
UNIT OF HOSPITAL									
Total .....	645	100.0	248	185	109	33	43	10	17
Number reporting:									
Nursing .....	645	100.0	248	185	109	33	43	10	17
Physical therapy .....	483	74.9	152	141	92	33	40	10	15
Occupational therapy .....	231	35.8	37	64	49	26	35	7	13
Speech therapy .....	139	21.6	26	34	30	15	18	8	8
Social services .....	307	47.6	71	87	66	24	36	9	14
Recreational activities .....	449	69.6	130	140	88	29	39	8	15
Pharmacy .....	495	76.7	171	142	90	29	39	9	15
Clinical laboratory .....	572	88.7	225	158	96	30	39	9	15
X-ray, diagnostic .....	572	88.7	231	156	94	29	39	9	14
Examination and treatment room .....	580	89.9	216	165	104	30	39	10	16
Dentistry .....	318	49.3	93	91	59	23	32	7	13
Podiatry .....	136	21.1	24	34	26	18	19	6	9
Ophthalmology .....	182	28.2	42	50	39	15	20	4	12
Other .....	72	11.2	22	19	10	7	6	2	6
UNIT OF DOMICILIARY INSTITUTION									
Total .....	195	100.0	44	61	39	18	14	9	10
Number reporting:									
Nursing .....	195	100.0	44	61	39	18	14	9	10
Physical therapy .....	153	78.5	31	44	28	17	14	9	10
Occupational therapy .....	109	55.9	18	38	18	10	10	8	7
Speech therapy .....	44	22.6	11	13	7	3	1	2	7
Social services .....	146	74.9	30	44	30	14	13	8	7
Recreational activities .....	184	94.4	41	58	35	17	14	9	10
Pharmacy .....	116	59.5	20	33	20	12	12	9	10
Clinical laboratory .....	103	52.8	19	28	18	13	8	8	9
X-ray, diagnostic .....	96	49.2	16	27	15	11	9	8	10
Examination and treatment room .....	157	80.5	29	48	33	16	14	8	9
Dentistry .....	118	60.5	19	37	19	13	11	9	10
Podiatry .....	114	58.5	20	34	21	11	10	9	9
Ophthalmology .....	84	43.1	12	24	14	8	8	8	10
Other .....	28	14.4	3	7	6	2	5	2	3

<sup>1</sup> Includes distinct part units of skilled nursing facilities.

**Table 3.4.4 FACILITIES AND SERVICES BY TYPE OF FACILITY, BED SIZE, AND NUMBER OF FACILITIES REPORTING EACH SERVICE**  
**—Con.** [See NOTES preceding General Tables]

Type of facility and services	All facilities	Percent of total	Bed-size						
			Under 25	25 to 49	50 to 74	75 to 99	100 to 149	150 to 199	200 or more
OTHER									
Total .....	37	100.0	17	9	4	1	4	1	1
Number reporting:									
Nursing .....	37	100.0	17	9	4	1	4	1	1
Physical therapy .....	17	45.9	2	7	3	1	3	-	1
Occupational therapy ..	11	29.7	-	5	3	1	2	-	-
Speech therapy .....	12	32.4	1	5	3	1	2	-	-
Social services .....	14	37.8	1	6	3	1	2	-	1
Recreational activities ..	16	43.2	2	7	3	1	2	-	1
Pharmacy .....	10	27.0	-	4	2	-	3	-	1
Clinical laboratory .....	10	27.0	-	5	2	-	2	-	1
X-ray, diagnostic .....	9	24.3	-	5	1	-	2	-	1
Examination and treatment room .....	14	37.8	1	6	3	1	2	-	1
Dentistry .....	10	27.0	-	5	2	1	1	-	1
Podiatry .....	7	18.9	-	5	1	-	-	-	1
Ophthalmology .....	9	24.3	-	5	2	1	-	-	1
Other .....	5	13.5	-	1	2	-	1	-	1

Table 3.4.5 FACILITIES AND SERVICES BY CONTROL, BED SIZE, AND NUMBER OF FACILITIES REPORTING EACH SERVICE

[See NOTES preceding General Tables]

Type of control and services	All facilities	Percent of total	Bed size						
			Under 25	25 to 49	50 to 74	75 to 99	100 to 149	150 to 199	200 or more
ALL FACILITIES									
Total .....	4 653	100.0	608	1 203	1 221	731	613	166	111
Number reporting:									
Nursing.....	4 653	100.0	608	1 203	1 221	731	613	166	111
Physical therapy.....	3 509	75.4	383	847	917	602	508	148	104
Occupational therapy.....	2 204	47.4	174	508	557	406	357	114	88
Speech therapy.....	1 422	30.6	96	333	347	276	224	85	61
Social services.....	2 868	61.6	258	704	774	486	416	135	95
Recreational activities.....	4 084	87.8	426	1 055	1 096	676	565	160	106
Pharmacy.....	2 487	53.4	317	603	622	388	339	128	90
Clinical laboratory.....	2 408	51.8	345	597	575	371	314	124	82
X-ray, diagnostic.....	2 311	49.7	346	572	556	351	288	117	81
Examination and treatment room.....	3 241	69.7	406	757	836	524	470	142	106
Dentistry.....	2 324	49.9	245	579	584	380	325	124	87
Podiatry.....	1 784	38.3	147	414	425	319	284	115	80
Ophthalmology.....	1 305	28.0	114	316	318	204	201	82	70
Other.....	369	7.9	41	72	87	53	56	26	34
VOLUNTARY FACILITIES									
Total .....	1 040	100.0	272	327	208	95	77	35	26
Number reporting:									
Nursing.....	1 040	100.0	272	327	208	95	77	35	26
Physical therapy.....	773	74.3	165	238	165	77	71	31	26
Occupational therapy.....	453	43.6	67	149	94	48	50	25	20
Speech therapy.....	223	21.4	38	69	45	26	20	12	13
Social services.....	575	55.3	104	171	123	65	57	31	24
Recreational activities.....	868	83.5	183	290	183	85	70	32	25
Pharmacy.....	619	59.5	165	181	124	47	54	26	22
Clinical laboratory.....	626	60.2	182	186	123	47	46	25	17
X-ray, diagnostic.....	626	60.2	183	188	119	45	46	24	21
Examination and treatment room.....	850	81.7	210	266	175	77	66	31	25
Dentistry.....	529	50.9	106	164	105	58	48	28	20
Podiatry.....	376	36.2	55	109	81	43	40	26	22
Ophthalmology.....	313	30.1	53	95	69	29	30	20	17
Other.....	124	11.9	25	34	22	15	8	9	11
PROPRIETARY FACILITIES									
Total .....	3 181	100.0	249	760	932	594	492	110	44
Number reporting:									
Nursing.....	3 181	100.0	249	760	932	594	492	110	44
Physical therapy.....	2 445	76.9	170	540	696	492	403	103	41
Occupational therapy.....	1 576	49.5	94	325	429	333	283	78	34
Speech therapy.....	1 114	35.0	53	252	288	236	193	64	28
Social services.....	2 043	64.2	127	475	599	392	325	89	36
Recreational activities.....	2 885	90.7	209	675	843	551	456	109	42
Pharmacy.....	1 565	49.2	100	348	441	307	251	85	33
Clinical laboratory.....	1 465	46.1	91	331	396	293	238	84	32
X-ray, diagnostic.....	1 371	43.1	88	308	381	276	213	76	29
Examination and treatment room.....	2 013	63.3	121	398	591	408	362	90	43
Dentistry.....	1 559	49.0	107	364	437	293	247	80	31
Podiatry.....	1 296	40.7	86	294	328	258	226	74	30
Ophthalmology.....	858	27.0	53	201	222	160	150	50	22
Other.....	191	6.0	12	31	53	31	42	13	9
STATE AND LOCAL FACILITIES									
Total .....	432	100.0	87	116	81	42	44	21	41
Number reporting:									
Nursing.....	432	100.0	87	116	81	42	44	21	41
Physical therapy.....	291	67.4	48	69	56	33	34	14	37
Occupational therapy.....	175	40.5	13	34	34	25	24	11	34
Speech therapy.....	85	19.7	5	12	14	14	11	9	20
Social services.....	250	57.9	27	58	52	29	34	15	35
Recreational activities.....	331	76.6	34	90	70	40	39	19	39
Pharmacy.....	303	70.1	52	74	57	34	34	17	35
Clinical laboratory.....	317	73.4	72	80	56	31	30	15	33
X-ray, diagnostic.....	314	72.7	75	76	56	30	29	17	31
Examination and treatment room.....	378	87.5	75	93	70	39	42	21	38
Dentistry.....	236	54.6	32	51	42	29	30	16	36
Podiatry.....	112	25.9	6	11	16	18	18	15	28
Ophthalmology.....	134	31.0	8	20	27	15	21	12	31
Other.....	54	12.5	4	7	12	7	6	4	14



Table 3.4.6 NUMBER OF EXTENDED CARE FACILITIES AND RATIOS OF SELECTED STAFF BY TYPE OF FACILITY AND BED SIZE

[See NOTES preceding General Tables]

Type of facility and bed size	Number of facilities	Number of registered professional nurses	Number of licensed practical nurses	Beds per registered professional nurse	Beds per licensed practical nurse	Number of registered professional nurses per ECF	Number of licensed practical nurses per ECF
ALL FACILITIES							
Total .....	4 653	23 639.5	21 670.1	13.7	15.0	5.1	4.7
Less than 25 beds .....	608	3 011.7	2 036.7	3.4	5.0	5.0	3.3
25 to 49 beds .....	1 203	5 097.0	4 170.0	9.0	11.0	4.2	3.5
50 to 74 beds .....	1 221	4 861.4	4 554.8	14.9	15.9	4.0	3.7
75 to 99 beds .....	731	3 464.4	3 094.4	18.5	20.7	4.7	4.2
100 to 149 beds .....	613	3 979.1	3 833.4	17.6	18.3	6.5	6.3
150 to 199 beds .....	166	1 386.0	1 577.5	20.1	17.7	8.3	9.5
200 beds or more .....	111	1 839.8	2 403.3	18.1	13.8	16.6	21.7
SKILLED NURSING FACILITY <sup>1</sup>							
Total .....	3 776	16 060.8	15 518.5	17.2	17.8	4.3	4.1
Less than 25 beds .....	299	930.1	729.7	6.0	7.7	3.1	2.4
25 to 49 beds .....	948	3 020.1	2 733.3	12.1	13.4	3.2	2.9
50 to 74 beds .....	1 069	3 687.7	3 560.1	17.3	17.9	3.4	3.3
75 to 99 beds .....	679	3 047.5	2 750.4	19.5	21.6	4.5	4.1
100 to 149 beds .....	552	3 135.2	2 928.6	20.1	21.5	5.7	5.3
150 to 199 beds .....	146	1 099.3	1 202.0	22.3	20.4	7.5	8.2
200 beds or more .....	83	1 140.8	1 614.4	20.6	14.6	13.7	19.5
UNIT OF HOSPITAL							
Total .....	645	6 321.4	4 934.3	5.1	6.6	9.8	7.7
Less than 25 beds .....	248	1 917.9	1 144.1	1.9	3.2	7.7	4.6
25 to 49 beds .....	185	1 762.6	1 210.2	3.9	5.6	9.5	6.5
50 to 74 beds .....	109	976.8	842.4	6.6	7.6	9.0	7.7
75 to 99 beds .....	33	287.9	284.0	9.9	10.0	8.7	8.6
100 to 149 beds .....	43	690.0	739.5	7.2	6.7	16.0	17.2
150 to 199 beds .....	10	218.5	233.0	7.9	7.4	21.9	23.3
200 beds or more .....	17	467.6	481.1	12.7	12.4	27.5	28.3
UNIT OF DOMICILIARY INSTITUTION							
Total .....	195	1 110.0	1 128.3	12.2	12.0	5.7	5.8
Less than 25 beds .....	44	156.3	156.9	4.9	4.9	3.6	3.6
25 to 49 beds .....	61	255.4	204.0	8.6	10.8	4.2	3.3
50 to 74 beds .....	39	178.9	140.8	13.1	16.7	4.6	3.6
75 to 99 beds .....	18	127.0	56.0	12.5	28.3	7.1	3.1
100 to 149 beds .....	14	114.9	134.4	14.0	11.9	8.2	9.6
150 to 199 beds .....	9	68.2	142.5	22.2	10.6	7.6	15.8
200 beds or more .....	10	209.4	293.8	16.8	12.0	20.9	29.4
OTHER <sup>2</sup>							
Total .....	37	147.4	89.0	12.7	21.0	4.0	2.4

<sup>1</sup> Includes distinct part units of skilled nursing facilities.<sup>2</sup> Detail not shown because of potential disclosure of confidential information involving staff size of individual facilities.







## Other Data Sources on the Health Insurance for the Aged Program

The *Health Insurance Statistics* series is designed to present current, quick-release data from the Medicare program. Two report series are issued in this format:

*The Health Insurance* (HI) series has included 26 releases since 1967. Issues released prior to 1970 are out of print, but available in many libraries.

*The Current Medicare Survey* (CMS) series, based on data from the continuing Current Medicare Survey, has included 13 releases since 1967. These issues are available in most libraries.

Future releases in the HI and CMS series may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

The *Social Security Bulletin*, published monthly, presents authoritative articles and analyses of medical care expenditures, prices, and utilization as well as current operating statistics from the Medicare program. The *Annual Statistical Supplement* to the *Bulletin* includes summary data on trust funds, services, claims, enrollment, average charges and participating providers of service under Medicare. The *Bulletin*, including the *Supplement*, is available in most libraries and by subscription at \$4 a year from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The *Research and Statistics Note* series report on-going research, preliminary findings or provide addenda to material already published on the old-age, survivors, disability, and health insurance program. Designed to get information quickly into the hands of users, the series includes data on medical care prices, outlays, and expenditures. The series is available in many libraries. Future releases may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

CMS LIBRARY



3 8095 00010705 8